Introduction and Informed Consent: Survey

(Identify yourself and your relationship to Simmons or other affiliations.) You are invited to take a survey that we are conducting on We are interested in learning about
Please answer as many of the following questions as you wish based on your own experience. Your participation is voluntary. You may decline to participate or discontinue your participation at any time. If there are any questions you do not feel comfortable answering, you may skip them. Your decision to participate, not participate, or to withdraw at any time from this study will in no way affect your standing with (This statement is applicable if you are conducting your research in a place of employment, clinic, school setting.).
The survey should take you about [x] minutes to complete.
Please choose the option below that fits your project.
Option 1 - If the survey is anonymous, you should state:
All of your responses will be recorded anonymously.
Option 2 - If identifying information will be collected, you should state:
All responses will be kept confidential. All information stored electronically is password protected. The results of the research will be reported in the aggregate.
If you are collecting identifying information you must also state whether you plan to:
 remove the identifying information and retain the de-identified data for use in future research, OR the data collected will not be used for future research.
If you have questions about the research, please contact at (Email Address). [If you are a student you should provide advisor information.] Also you may contact my faculty advisor, Professor Her telephone number (or email address) is If you have questions about your rights as a human subject, you may also contact the Human Protections Administrator in the Office of Sponsored Programs at Simmons University at irbprotocols@simmons.edu.
Completion of the survey implies your consent to participate. Thank you for participating in this survey.