**Research Information Sheet**

You are being asked to voluntarily participate in a research study. We are doing this study [ *brief explanation of the purpose of the study*] If you agree, we will ask to [*brief explanation of what the participants will do and how long their participation will take*. *Include what information will be collected and how the information will be collected. Describe the types of questions that will be asked in the survey/focus group.*]

*[If this research includes a benign behavioral intervention (*[*Exempt Category 3*](https://www.hhs.gov/ohrp/sachrp-committee/recommendations/attachment-b-august-2-2017.html)*), describe the intervention and include how data will collected*. The term *benign* describes an intervention that is not expected to cause physical or emotional harm, persistent discomfort, be experienced by the participant as embarrassing, or be offensive].

[*Include if participants will be audio- or video- recorded at any point in the research; otherwise delete paragraph*] We will make [an audio or a video] recording of [specify what will be recorded]. [*Include if participants can refuse to be recorded and still be in the study; otherwise omit this sentence*] If you ask us not to, we won’t record you.

[*Include the following paragraph if the study does not record ANY information that would identify subjects; otherwise, delete paragraph*] We will not record your name or any information that shows your identity. You will not be signing this form. *Further explanation of measures to preserve anonymity, if appropriate.*

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time.  *[Explain the withdrawal process, this should be consistent with the information entered into your application]*

You will not be paid for being in this study*. [If compensation is provided, state the amount, type, and in what way the participant will receive the payment. Include the amount of credit given to students, or if an alternative assignment for the same amount of credit will be available, if applicable****]****.*

You will not be contacted again in the future. *[If participants will be contacted again, describe follow-up procedures]*. Example: After you complete today’s survey (or focus group); the researchers will contact you by email in 3 weeks to complete a follow up survey**.**

[*Include the following paragraph if the study DOES record information that would identify subjects; otherwise, delete paragraph*] We will store your information in ways we think are secure. We will store paper files in locked filing cabinets. OR We will store electronic files in computer systems with password protection and encryption. However, we cannot guarantee complete confidentiality.

[*Include if the study records identifiable information AND has a Certificate of Confidentiality (edit if the CoC is from an agency other than NIH); otherwise, delete paragraph*] This study is covered by a Certificate of Confidentiality (CoC) from the National Institutes of Health. [Include if study is NIH funded (check [list of NIH institutes](https://www.nih.gov/institutes-nih/list-nih-institutes-centers-offices) if in doubt); otherwise, delete sentence] All studies funded by the National Institutes of Health that involve identifiable information are covered by a CoC**.** The CoC provides how we can share research information. Because we have a CoC, we cannot give out research information that may identify you to anyone that is not involved in the research or overseeing the research except as we describe below. Even if someone tries to get your information in connection with a legal proceeding, we cannot give it to them. The CoC does not prevent you from sharing your own research information or asking us to share your information.

[*Include if the study records identifiable information AND has a Certificate of Confidentiality (edit if the CoC is from an agency other than NIH); otherwise, delete paragraph*] We will share research data where we have removed anything that we think would show your identity. There still may be a small chance that someone could figure out that the information is about you. Such sharing includes:

* Publishing results in a medical book or journal.
* Adding results to a Federal government database.
* Using research data in future studies, done by us or by other scientists.

If you have any questions, please contact name, email, and phone number of research team member.

***For online studies only****: [* *By selecting "Agree to participate" below, you are agreeing to be in this study. Make sure you understand what the study is about before you agree. You will be given a copy of this document for your records upon request. If you have any questions about the study after you agree to participate, you can contact the study team using the information provided above.]*