***Delete all instructions in red before submitting to the IRB***

**Use this template for studies where the only activity is an online survey.**

Instructions are in red. Customize the language in black as needed to fit your study. When you have finished, ***read over*** the entire document to ensure it makes sense and is accurate.

You are free to change wording, formatting, font, etc., as long as all the [required elements of informed consent](https://panthers.sharepoint.com/:b:/s/USA/EZOS2ga0duBHk36s45SZ0wQBSiceMxIMy_-eULHQce5b-A?e=c47Kj9) are included. This template is for your convenience only; you are not required to use it.

* Use simple language. Avoid technical terms.
* Write in a conversational tone, as though you’re speaking to your participants.
* Use pronouns (I, we, you) and contractions (we’re, won’t, isn’t). The template default is “we”; you can change this to “I” if you’re doing the research entirely on your own.
* Use short paragraphs (~4 lines or less). Don’t write walls of text.
* Feel free to use bullet points, tables, graphs, pictures, diagrams, etc. to more clearly convey the study information.

**University of Wisconsin-Milwaukee**

**Informed Consent to Participate in Research**

**Study title:** [insert]

**Researcher[s]:** [insert name(s) and title / degree / department, as applicable]

We’re inviting you to take a survey for research. This survey is completely voluntary. There are no negative consequences if you don’t want to take it. If you start the survey, you can always change your mind and stop at any time.

**What is the purpose of this study?**

[describe the purpose or goals in simple language]

**Examples:** We want to understand the ways couples communicate in a marriage and divide chores. **– or –** We want to learn whether there is a connection between the amount of sleep and exercise university students get, and their stress levels and grades.

**What will I do?**

[Describe the survey topic(s) and the types of questions that will be asked. If there are any questions that participants could find objectionable, be sure to mention that here as well.]

**Example:** This survey will ask questions about your marriage, how you divide chores, and things you and your spouse enjoy doing together. It includes questions about your sex life and whether you have ever cheated on your spouse. The survey will take about 20 minutes.

**Risks**

* List the risks related to your study. Think about physical, emotional, social, employment, and/or financial risks. Sample language for some risks is provided below; use and/or edit as needed. Describe any measures you’re taking to minimize the risks.
* Some questions may be personal or upsetting. You can skip them or quit the survey at any time.
* Online data being hacked or intercepted: Anytime you share information online there are risks. We’re using a secure system to collect this data [elaborate if desired], but we can’t completely eliminate this risk.
* Breach of confidentiality: There is a chance your data could be seen by someone who shouldn’t have access to it. We’re minimizing this risk in the following ways: [Use whichever of the following bullet points apply to your study. Add any other measures you’ll use to protect data security.]
  + Data is anonymous. **– or –** All identifying information is removed and replaced with a study ID.
  + We’ll remove all identifiers after [insert amount of time or specific event].
  + We’ll store all electronic data on a password-protected, encrypted computer.
  + We’ll keep your identifying information separate from your research data, but we will be able to link it to you. We’ll destroy this link after we finish collecting and analyzing the data.

**Possible benefits:** List individual benefits (if any). List benefits to a larger group or society (such as helping understand more about xyz). **Don’t** include compensation here; you’ll describe that below.

**Estimated number of participants:** [insert #. If needed, add explanation or description of different groups, e.g. 40 teachers and 300 students]

**How long will it take?** [insert total amount of time for individual participation]

**Costs:** None **– or –** describe any costs to participants

**Compensation:** None **– or –** $10 Amazon gift card **– or –** 1 hour extra credit [Use the following if participants are paid through UWM accounts payable, and you have NOT requested level 3 confidentiality]Due to UWM policy and IRS regulations, we may have to collect your name, address, social security or tax ID number, and signature to give you this compensation.

**[If the only alternative is not to participate, delete this paragraph.]** **If I don’t want to be in this study, are there other options?** Instead of participating, you can [insert alternative(s)] **Example:** Instead of participating, you can earn the same amount of extra credit by answering questions 1-2 on page 394 of your textbook. A non-research alternative is REQUIRED if you are offering extra credit for research participation.

**Future research:** De-identified data (all identifying information removed) may be shared with other researchers. You won’t be told specific details about these future research studies. **– or –** Your data won’t be used or shared for any future research studies.

**[Use if research is funded] Funding source:** [insert funding source]

**Confidentiality and Data Security**

[Include if applicable] We’ll collect the following identifying information for the research: [list. **Examples:** your name, email address, and the psychology class you’re enrolled in]. This information is necessary [explain why / what it will be used for. **Example:** This information is necessary so that you can receive extra credit].

**Where will data be stored?** [Explain] **Example:** On the researchers’ computers **– or –** On the servers for the online survey software (Qualtrics).

**How long will it be kept?** [insert amount of time]

**Who can see my data?**

* We (the researchers) will have access to [insert type of data; **Examples:** identifiable (with your name included) **– or –** coded (names removed and labeled with a study ID) **– or –** de-identified (no names, birthdate, address, etc.)]. This is so we can analyze the data and conduct the study.
* Agencies that enforce legal and ethical guidelines, such as
  + The Institutional Review Board (IRB) at UWM
  + The Office for Human Research Protections (OHRP)
* We may share our findings in publications or presentations. If we do, the results will be [state the kind of data that will be included in dissemination of your work. **Examples:** aggregate (grouped) data, with no individual results **– or –** de-identified (no names, birthdate, address, etc.).] If we quote you, we’ll use pseudonyms (fake names).
* [Delete if n/a] Our funding agency requires us to make our dataset public so other researchers can use it. This public dataset will include only [state the kind of data that will be included. **Examples:** aggregate (grouped) data, with no individual results. **– or –** de-identified (no names, birthdate, address, etc.).
* [Delete if n/a] Amazon: Because they own the MTurk internal software, and to issue payment, Amazon will have access to your MTurk worker ID. There is a possibility Amazon could link your worker ID (and associated personal information) with your survey responses.
* Add anyone else who may potentially access the data. Describe the purpose of this disclosure, and what type of data (identifiable, de-identified, etc.).

**[Use paragraph + following bullet points if NIH funded] This study has a Certificate of Confidentiality**

To help us protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health (NIH). With this certificate, we can’t be forced by a court order or subpoena to disclose information that could identify you. However, there are times when your identity wouldn’t be kept secret, even with a Certificate of Confidentiality:

* If a government agency inspects the records, or to meet FDA requirements
* If you give someone written permission to receive this information, or if you tell someone the information yourself
* If you threaten to harm yourself or others
* In cases of child abuse
* If we’re required to report cases of certain contagious diseases (such as HIV) to the state

**[Use if data may be used for financial profit] Profits from the research**

If we earn financial profits from the data you provide for this research, these profits will / won’t be shared with you.

**[Use if any researchers have a conflict of interest] Conflict of Interest**

[Name] has a conflict of interest in this study. [Insert brief description of the nature of the conflict. Example: Dr. Jones owns the company that is providing the funding for this research]. We are managing this conflict by [describe, in accordance with the approved management plan].

**Questions about the research, complaints, or problems:** Contact [insert Researcher name(s), phone & email, or other best contact method].

**Questions about your rights as a research participant, complaints, or problems:** Contact the UWMIRB (Institutional Review Board) at 414-662-3544 / [irbinfo@uwm.edu](mailto:irbinfo@uwm.edu).

Please print or save this screen if you want to be able to access the information later.

IRB #: [insert once received]

IRB Approval Date: [insert once received]

**Agreement to Participate**

Your participation is completely voluntary, and you can withdraw at any time.

To take this survey, you must be:

* At least 18 years old
* [insert any other inclusion/exclusion criteria]

If you meet these criteria and would like to take the survey, click the button below to start.

**Make this consent document the first question/page of your survey.**