This is a sample consent script for simple surveys and questionnaires. It is to be used when the IRB is not likely to require written documentation of consent.

READ the instructional text in red and choose the options to fit your study. You may edit this template as needed to fit your study. Remove all instructional text and red color-coding from this document before submitting to the IRB for approval.

## Title of Research Study: [insert title of research study]

## Investigator: [insert name of principal investigator]

## Why am I being asked to take part in this research study?

You are invited to participate in this study because we are trying to learn more about: *state what is being studied*.

You were selected as a possible participant in this studybecause ... *state why and how the subject was selected*. You must be 18 years of age or older to participate.

## Why is this research being done?

The (survey or test) is designed to ... *explain the purpose of survey or test*.

## How long will the research last?

It will take about *... length of time* *expected to complete survey or test*.

## What happens if I say “Yes, I want to be in this research”?

If you decide to participate, please do the following: *Include any specific instructions for completing the survey or test.*

## What happens if I do not want to be in this research?

Your participation in this study is voluntary*.* You can decide not to participate in this research and it will not be held against you. You can leave the study at any time.

## Is there any way being in this study could harm me?

*Choose one of the following sentences as applicable and delete the other sentence:*

1. There are no sensitive questions in this survey that should cause discomfort. However, you can skip any question you do not wish to answer, or exit the survey at any point.

**OR**

1. There is a risk of discomfort, as some of the questions are sensitive. You can skip any question you do not wish to answer, or exit the survey at any point.

## What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research study and other records, to people who have a need to review this information. We cannot promise complete privacy. Organizations that may inspect and copy your information include the TAMU HRPP/IRB and other representatives of this institution. [Add to this list other organizations that may have access to the participants records such as the US Department of Defense Health and Human Services, when the research is conducted or funded by DHHS, the sponsor, contract research organization, sponsor’s agent and other collaborating institutions.]

Your information will be kept confidential to the extent allowed by law. The results of the research study may be published but your identity will remain confidential.*[If data will be retained after the study for future research, explain where the data will be stored, who will have access to the data, and how long the data will be retained.]*

*If this is an online study, provide a link to the terms addressing confidentiality that is published by the survey company (Qualtrics, Survey Monkey, MTurk etc.), otherwise delete.*

You may view the survey host’s confidentiality policy at *: insert link.*

*Choose one of the following sentences as applicable and delete the other sentence.*

1. No direct personal identifiers will be collected.

**OR**

1. Your (*name,* *email address or other contact information)* will be stored separately from your survey data, and is only being collected for *(enter the purpose of collecting identifiers).* All identifiable information will be kept on a password protected computer and is only accessible by the research team. Compliance offices at Texas A&M may be given access to the study files upon request.

*[If identifiable private information will be collected during the research, add one of the following statements:*

If identifiers are removed from your identifiable private information that are collected during this research, that information could be used for future research studies or distributed to another investigator for future research studies without your additional informed consent.

**OR**

Your information that is collected as part of this research will not be used or distributed for future research studies, even if all of your identifiers are removed.

## What else do I need to know?

*Include this section if you are paying subjects, otherwise delete.*

If you agree to take part in this research study, we will provide you with (gift card, or other form of payment) sent to the email address you provide at the end of the survey. This is optional if you do not want to provide your email address.

## Who can I talk to?

Please feel free to ask questions regarding this study. You may contact me later if you have additional questions or concerns at *telephone number and e-mail address and first and last name of investigator conducting the study.*

You may also contact the Human Research Protection Program at Texas A&M University (which is a group of people who review the research to protect your rights) by phone at 1-979-458-4067, toll free at 1-855-795-8636, or by email at irb@tamu.edu for:

* additional help with any questions about the research
* voicing concerns or complaints about the research
* obtaining answers to questions about your rights as a research participant
* concerns in the event the research staff could not be reached
* the desire to talk to someone other than the research staff

*Use the following for online surveys, otherwise delete:*

If you want a copy of this consent for your records, you can print it from the screen.

* If you wish to participate, please click the **“I Agree”** button and you will be taken to the survey.
* If you do not wish to participate in this study, please select **“I Disagree”** or select **X** in the corner of your browser