



Many thanks for participating in a study at the [PLEASE DESCRIBE LOCATION]. The principal researcher for today's study is: [NAME AND E-MAIL ADDRESS OF PRINCIPAL INVESTIGATOR].

In this study, you will [BRIEF DESCRIPTION OF WHAT THE PARTICIPANT WILL EXPERIENCE AND WILL BE ASKED TO DO].

Your participation will approximately take [AMOUNT OF TIME].

Our studies are purely for academic purposes. The results will be made available to the public in scientific journals. We do not conduct studies on behalf of private companies. There are no risks involved in this study other than what you would encounter in daily life.

If you complete this study, you will receive [WRITE PARTICIPANT PAYMENT HERE AND OTHER BENEFITS THE PARTICIPANT WILL RECEIVE, IF ANY]. For example: Potential benefits to you include: receiving information about the outcomes of the study as well as references to related research if you are interested. However, because your responses are anonymous, we can only tell you general outcomes and are unable to report specific outcomes regarding your performance].

[IF APPLICABLE] : It is possible that NOT everybody will be able to participate in the study because of logistical issues or because we are looking for participants with certain characteristics only. If you are turned away from the study, you will still receive [INDICATE AMOUNT OF SHOW UP FEE] and will not be required to stay for the study.

Your participation in this study is voluntary. You are free to withdraw from the study without any penalty to you.

[IF APPLICABLE]: We would like your permission to audiotape/videotape this interview. If we are interested in using quotes or identifiable information, we will obtain your permission in advance. Your data will remain completely [CONFIDENTIAL/ANONYMOUS PLEASE CHOOSE APPROPRIATE] and will not be released in any way that can be linked to you.

Data from this study [INCLUDING AUDIOTAPES/VIDEOTAPES] will be kept locked or password-protected, and will be destroyed when no longer needed for research purposes.



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I declare being of age and accept of free will, after having read and fully understood the above paragraphs, to participate in the study.

[IF STUDY IS OFFLINE] DATE:

NAME:

SIGNATURE:

[IF STUDY IS ONLINE]: Click YES or NO.