**STUDY INFORMATION SHEET FOR ADULTS 18 and over**

**Study Title:**

**Principal Investigator/Researcher**:

**Faculty Mentor:**

**Department/School:** School of…., Dept of…., (If Department, please ensure to add School),Fairleigh Dickinson University

You must be 18 years or older to participate in this study.

**Purpose (provide a brief summary of your study and the aims)**

This purpose of this study is to…….

**Participation (provide the approximate number of participants, completed surveys, records to be reviewed, and the approximate total time to complete)**

It is estimated ***that people will participate in this study***. You are being asked to .

Your participation is voluntary. You do not have to participate in this study. You also have the right to withdraw from this study any time before you submit your responses by exiting out of the website. Once your responses are submitted, the Principal Investigator will be unable to identify your specific responses. If you decide you do not want to participate, you will not lose any benefits for which you are entitled or be penalized.

Your participation will take approximately this amount of time to complete… . IP addresses will not be collected by the research survey site.

**Risks**

This project is minimal risk and you will not experience anything above what would occur in your everyday life or in completing a standard medical or psychological evaluation. No information is being collected that will identify you. To enhance your privacy and confidentiality, please complete this on-line survey on a personal computer or mobile device. If you use a work issued computer or device, your confidentiality may not be protected.

**Benefits**

There is no direct benefit to you from participating however, it is hoped the knowledge gained will be of benefit to others in the future.

**Alternatives**

Your alternative is to not participate or allow the use of your data for the research.

**Reimbursement for Participation**

After the completion of the survey, you will be reimbursed (amount) via Amazon Mechanical Turk or Qualtrics or Prolific, etc., (if there is reimbursement). If no reimbursement, “You will not be reimbursed for participation.” If using Qualtrics a separate form collecting contact information must be used to ensure identifiers and contact information are NOT linked to responses. Please ensure to note: The researcher will not receive any identifying information about you. Please note, you will only receive this reimbursement if you met the inclusion criteria and satisfied all requirements.

**Confidentiality**

This project will not collect any information that identifies you. A Waiver of Documentation of Consent has been provided. You do not need to sign this form or be identified. If you would like documentation of your participation, please print out a copy of this consent page and the last page verifying the submission of your survey to the site. All data will be collected and stored for purposes of research only.

**Contact Information**

If you have any questions about the study or experience any study related risk or discomfort, please contact: (name of Principal Investigator, if student: only name and e-mail; if faculty or faculty mentor: name, office phone number and e-mail address). If you have any questions regarding your rights as a subject in this study, please contact the Fairleigh Dickinson University IRB Administration via e-mail at: kim\_diccianni@fdu.edu or phone at (201) 692-2219.

I grant permission to be in this study by clicking on the I Consent button.