

Template – Informed Consent for Anonymous Surveys

Use if your research involves **anonymous surveys** online, in-person, via email, etc.

Avoid Common Problems with Consent Forms. **Read these tips!**

1. Customize this template to reflect the specifics of your study and participant population.

- Text in **[brackets]** represents study-specific information that must be added.
- A **backslash (e.g., will/will not)** requires a selection depending on study-specific procedures.
- **Black text** is required for all studies; keep language and formatting unless instructed otherwise.
- **Blue text** identifies consent elements and information required for ALL studies. The **blue text** also provides instructions/guidance that researchers should consider. Some instructions /guidance may not apply to your research.
- **Red text** identifies consent elements or information required only when applicable to your study.
- **Green text** shows sample language.
- **Color Code Key**
 - **Black: Required Template Text**
 - **Blue: Required Element of Informed Consent**
 - **Red: Required Element When Applicable**
 - **Green: Example/Suggested Language**

2. When writing your consent documents, always:

- Use **plain language**. Don't cut and paste from your protocol. Use common, everyday language. For example, use "you don't have to be in this study if you don't want to" instead of "your participation in this study is voluntary."
- Aim for an 8th grade reading level (junior high) or lower, especially when recruiting from the community (i.e., general population) or anyone likely to be unfamiliar with the study topic.
- Write as though you are speaking to the person who will read it. Use "you" and "your" (for participant), "we" and "our" (for researcher); not third person (e.g., "we will ask participants").
- Use active voice "we will ask you" instead of passive voice "you will be asked."
- Use short, simple and direct sentences, and limit paragraphs to one main idea.
- Use lists, tables, charts, pictures or diagrams to simplify complex information.

- Avoid repetition
- Avoid complex or field-specific terminology and technical jargon. Such wording is only permissible when part of the research study (e.g., study on nursing students' learning of medical procedures).

3. Before submitting consent documents to the IRB:

- Delete this cover page and remove all instructional text, brackets, etc. The finished document should reflect what you will give to the participant.
- Template uses "we" to refer to researchers. If there is only one researcher, edit as appropriate. If the PI is a student, always use "we" to include the faculty advisor.
- Use a file name(s) that clearly identify each consent document (e.g. online consent, parental permission, adult consent, teacher consent, screening consent, etc.).
- **Submit consent documents in MS Word** whenever possible. The iMedRIS comparison tool for different document versions does not work with PDFs.
- **PROOFREAD** for understandability to participants and consistency with the IRB application.

Consent for Research Participation

Research Study Title: [Title]

Researcher(s): [Principal Investigator Name], [Institution] University of Tennessee, Knoxville
 [Faculty Advisor Name if PI is a student], [Institution] University of Tennessee, Knoxville

I/We are asking you to be in this research study because [explain why this person is eligible to participate]. You must be age 18 or older to participate in the study. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researcher(s) to ask questions if there is anything you do not understand.

Why is the research being done?

The purpose of the research study is [describe the purpose of the research in simple terms].

Include the statements below **ONLY** if one or more are applicable to the study.

- If the study is **collaborative with one or more institutions/external researchers**, include:

This study is being conducted by researchers at the University of Tennessee, Knoxville and researchers at [list other institution(s)].

- If the study is **externally funded or supported**, include:

The researcher/research team and/or the University of Tennessee, Knoxville is receiving [funding, equipment (e.g., fitness trackers, hearing aids), etc.] from [insert sponsor's name].

- **If a research team member or University has a significant financial conflict of interest or other type of conflict of interest (e.g., researcher is participants' instructor, supervisor, health care provider, other service provider, etc.), include:**

I/We are giving you the information below so you can decide if this relationship will affect your decision to be in this study:

- *Insert any required or suggested language from the management plan approved by the UT Research Conflict of Interest Committee, if one exists; or*
- *Describe the conflict and the actions taken to reduce its effect on, and/or minimize risks of, the study.*

What will I do in this study?

If you agree to be in this study, you will complete an online survey. The survey includes questions about [describe the types of questions/themes] and should take you about [state how long] to complete. You can skip questions that you do not want to answer.

[Describe any follow-up procedures, if planned]

Can I say "No"?

Being in this study is up to you. You can stop up until you submit the survey. After you submit the survey, we cannot remove your responses because we will not know which responses came from you.

Include the statement below that is applicable to your study. *If none of these statements are applicable, no statement is needed.*

- **[If your target population is students at UT or other educational institutions associated with the research, include:]** Either way, your decision won't affect your grades, your relationship with your instructors, or standing with the [include name of facility/institution (UT, University, school, etc.)].
- **[If your target population includes individuals who may receive services or care from UT or other facilities/ institutions associated with the research, include:]** Either way, your decision won't affect your relationship with [include name of facility/institution] or the [services/health care/benefits] [you and/or your family] receive.
- **[If your target population is employees at UT or other facilities/institutions associated with the research, include:]** Either way, your decision won't affect your employment at [include name of facility/institution (UT, University, community center, etc.)]

If your study offers course credit or extra credit, include:

Instead of participating in the study, possible options available to you include [see below].

- describe the non-research alternative(s)* **or** explain how participants can learn more about non-research alternative(s) (course syllabus, course instructor, etc.), and
- if applicable, include: participation in another research study to receive credit.

* All courses offering research participation as a means of earning credit **must** offer a non-research alternative for earning credit to participants. The non-research alternative must offer the same amount of credit and be comparable in the time and effort required to complete it.

Are there any risks to me?

If there are possible risks to participants related to this study, state:

Possible risks include [list and describe any reasonable foreseeable risks, discomforts, and inconveniences and what will be done to minimize those risks].

- Risks can be physical, psychological, social, financial, or otherwise.
- Describe how these risks will be minimized. For confidentiality risks, a statement referring participants to confidentiality procedures described later in this form is acceptable.

For example:

Some of the survey questions are personal in nature and may make you feel uncomfortable.

OR

If the survey is truly anonymous, include: We don't know of any risks to you from being in the study that are greater than the risks you encounter in everyday life.

Are there any benefits to me?

If there are no anticipated benefits to participants:

We do not expect you to benefit from being in this study. Your participation may help us to learn more about [insert details]. We hope the knowledge gained from this study will benefit others in the future.

OR

If the research presents the possibility of benefits to participants:

There is a possibility that you may benefit from being in the study, but there is no guarantee that will happen. Possible benefits include [describe possible benefits to participants]. Even if you don't benefit from being in the study, your participation may help us to learn more about [insert details]. We hope the knowledge gained from this study will benefit others in the future.

***Compensation/payment/credit** are not considered a benefit of research participation.

What will happen with the information collected for this study?

The survey is anonymous, and no one will be able to link your responses back to you. Your responses to the survey will not be linked to your computer, email address or other electronic

identifiers. *[Include the following statement if survey includes open text responses or the survey will be administered in-person, via email, U.S Mail, etc.]* Please do not include your name or other information that could be used to identify you in your survey responses. Information provided in this survey can only be kept as secure as any other online communication.

Information collected for this study will be published and possibly presented at scientific meetings.

Will I be paid for being in this research study?

If no compensation will be offered, either delete this section from the consent document or include a statement such as, "You will not be paid for being in this study,".

If compensation will be offered, include:

- *State the amount and method of payment (check, cash, type of gift card, course or extra credit, gift, etc.).*
- *If course/extra credit offered, describe the method used to determine the amount offered.*
- *Describe when and how payments will be issued (in-person, U.S. mail, method used to assign credit, etc.) to participants.*
- *If participant information is required to facilitate payment, list the information to be collected and explain how this information will be handled so that the anonymity of participant responses is not compromised.*
- *If participants will be entered into a drawing describe
 - the odds of winning; and
 - Tennessee gaming law requires that any individual be allowed to participate in the drawing even if that individual does not participate in the research. Accordingly, the consent document must include a statement that anyone age 18 and over may enter the drawing even if they do not participate in the research and provide instructions on how to do so.*

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, *[PI name, email, phone (also include the faculty advisor's name and contact information if PI is a student)]*.

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697

Email: utkirb@utk.edu

Statement of Consent

If survey is administered on an online survey platform, include:

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told who to contact. By selecting "I Agree" below, I am providing my signature by electronic means and agree to be in this study. I can print or save a copy of this consent information for future reference. If I do not want to be in this study, I can select "I Do Not Agree" to exit out of the survey.

- I agree to participate
- I do not agree to participate

If survey is administered in-person, via email, U.S Mail, etc., include:

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told who to contact. By completing and returning the survey, I understand that I am agreeing to be in this study. I can keep a copy of this consent information for future reference. If I do not want to be in this study, I do not need to do anything else.