## Anonymous Self-report Survey Information Sheet Template ALL INSTRUCTIONAL BLUE TEXT SHOULD BE REMOVED OR REPLACED WITH STUDY SPECIFIC INFORMATION PRIOR TO SUBMISSION TO THE IRB.

## University of Pennsylvania Consent for Participation in a Research Study

**Protocol Title:** Insert Title of Research Study **Principal** Insert Name of the Principal Investigator **Insert Address Investigator: Insert Phone Numbers Insert Email** \_\_\_\_. The following survey We are conducting a research study about should take about minutes to complete. Participation is voluntary. If you would prefer not to participate, do not complete the survey. There is no penalty if you choose not to join the research study, nor will you lose any benefits you may be entitled to. If you agree to participate, please complete the attached survey. You should ask the study team any questions you have related to participating before agreeing to join the study. Your responses are anonymous; do not put your name or other identifying information on this survey. We ask that you try to answer all questions. However, if there are any questions that you would prefer to skip, simply leave the answer blank.

Data collected in this study may be stored and shared for future research in a de-identified fashion. It would not be possible for future researchers to identify you. This can be done without again seeking your consent in the future, as permitted by law.

You must be at least 18 years old to participate. If you are not 18 or older, please inform the researcher and do not complete the survey.

This research has been reviewed by the Institutional Review Board (IRB). If you have any questions about your rights as a human research participant at any time before, during or after participation, please contact the Institutional Review Board (IRB) at (215) 898-2614 for assistance.

Please keep this sheet for your reference.