# **Instructions for Investigators**

Use this type of CONSENT FORM for research projects that involve:

* Anonymous Surveys involving direct interaction (for online surveys, use form 443)
* Research participants who are ADULTS (age 18 and older). Students enrolled in the University of Hawai‘i who have not yet reached age 18, may provide informed consent (without parental consent/permission) for low-risk research of this type.

Always have two copies of the consent form for each potential participant. One signed copy is kept by the PI or research team, and the other is to be given to the enrolled participant after written consent is given.

If offering a phone number as contact information on the consent form, please do not use a personal phone number.

Be sure to enter the version number of the consent form in the footer.

**Highlighted sentences are mandatory for all consent forms. Please remove the yellow highlights and red notes before finalizing and submitting your consent form.**

Aloha! You are being asked to participate in a research study conducted by *(insert names and degrees of all investigators)* from the *(insert department affiliation)* at the University of Hawai‘i. *(If student, indicate that results will contribute to senior project, thesis or dissertation).*

***What am I being asked to do?***

If you participate in this project, you will be asked to fill out a survey.

***Taking part in this study is your choice.***

Your participation in this project is completely voluntary. You can choose to take part or you can choose not to take part in this study. You also can change your mind at any time. If you stop being in the study, there will be no penalty or loss to you.

***Why is this study being done?***

The purpose of my project is to *(state what the study is designed to assess or establish)*. I am asking you to participate because *(explain succinctly and simply why the prospective participant is eligible to participate).*

***What will happen if I decide to take part in this study?***

The survey will consist of 15 multiple choice and open-ended questions. It will take 20 minutes. The survey questions will include questions like, “Did you enjoy using the campus recreational facilities? If so, why? If not, why not?” “What aspect of the recreational facilities do you use the most?” “What would you like to see changed?” The survey is accessed on a website to which I will provide you a link. You will be oneof about *(#)* people in this study*.*

***What are the risks and benefits of taking part in this study?***

I believe there is little risk to you for participating in this research project. You may become stressed or uncomfortable answering any of the survey questions. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop taking the survey or you can withdraw from the project altogether.

There will be no direct benefit to you for participating in this survey. There will be no direct benefit to you for participating in this project.The results of this project may help *(fill in here).*

***In-Person Research Risk:***

For the safety and protection of yourself, the research team and others, we strongly recommend that you wear a well-fitting mask that covers nose and mouth [(CDC guidance)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html) during each research-related encounter to reduce the spread of common respiratory diseases such as the Rhinovirus (common cold), the Influenza (Flu), Respiratory Syncytial Virus (RSV), and Coronavirus Disease of 2019 (COVID-19). Members of the research team will wear a well-fitting mask that covers nose and mouth at all times.

***Privacy and Confidentiality:***

I will not ask you for any personal information, such as your name or address. Please do not include any personal information in your survey responses. I will keep all study data secure in a locked filing cabinet in a locked office/encrypted on a password protected computer. Only my University of Hawai'i advisor and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai'i Human Studies Program has the right to review research records for this study.

***Compensation:***

You will receive a $5 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project.

***Future Research Studies:* *(Insert one of the following statements:)***

Identifiers will be removed from your survey data and after removal of identifiers, the data may be used for future research studies or distributed to another investigator for future research studies and we will not seek further approval from you for these future studies.

***(OR)***

Even after removing identifiers, the data from this study will not be used or distributed for future research studies.

***Questions:*** If you have any questions about this study, please call or email me at *[insert phone number & email address – do not use personal numbers]*. *(If this is a student project, add:* You may also contact my advisor, *[insert name]*, at *[phone # & email address]*.

You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu to discuss problems, concerns and questions, obtain information, or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.hawaii.edu/jRd> for more information on your rights as a research participant.

Keep a copy of the informed consent for your records and reference.

Going to the first page of the survey will be considered your consent to participate in this study.

Mahalo!