

# Informed Consent Statement

You are being asked to participate in a research study designed to (describe purpose). You will be asked to (describe procedure). Your participation should take (define expected duration).

If you choose to participate, it is important that you respond to the questions as honestly as you can. None of the questions measure mental disorders, and there are not right or wrong answers to any questions. Because your answers to some questions might change somewhat from day to day, I would like you to use (choose a time frame) for your frame of reference for answering questions. In other words, answer questions in accordance with how you have typically felt during (choose a time frame).

This informed consent statement will be retained in my files, but your name will not be connected in any way with the questionnaire data. The questionnaire includes only demographic information that cannot and will not be used to identify you. Your personal responses will be held in the strictest confidence throughout the research project. Data collected will be used only in aggregate form. You may choose not to participate in this project. There will be no penalty if you choose not to participate or if you discontinue participation.

The results of this project will be used for (choose: institutional purposes, publication, a course requirement and/or presentation). (Describe any benefits or risks to participants, and/or any indirect benefits to others.)

If you have any questions about this project, you may contact [your name here] Columbia College, 1001 Rogers Street, Columbia MO 65216. Phone number [your phone number here], or email [your email address here].

There is no financial compensation for your participation. If you are willing to participate in this research project, please sign below and return this Informed Consent Statement.

\_\_\_\_\_  
Participant Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (signature)