**Note: The Consent Form MUST be Placed on WSU Departmental Letterhead**

We are recruiting research participants to help us [define purpose of the study]. Participation involves completing a survey that will take about [XX] minutes.

In addition to the survey questions, we will request [e.g. age, gender, educational status, health status].

There are no personal benefits or anticipated risks to participating in this study. However, if you feel uncomfortable with a question, you may skip it. Participation is voluntary, and you can stop taking the survey at any time. [*If students/residents are being surveyed, include this statement:* Participation or declining will have no impact on your academic evaluations.]

We will work to make sure that no one sees your survey responses without approval. But, because we are using the Internet, there is a chance that someone could access your online responses without permission. In some cases, this information could be used to identify you.

If you have any questions, please contact [insert researcher’s contact information.] For questions about the rights of research participants, you may contact the Office of Research and Technology Transfer at Wichita State University, 1845 Fairmount Street, Wichita, KS 67260-0007, telephone (316) 978-3285.

Please print a copy of this consent form for your records.

You are under no obligation to participate in this study. By selecting “Yes” below, you are indicating that:

* You have read (or someone has read to you) the information provided above,
* You are aware that this is a research study,
* You have voluntarily decided to participate.

I have read the above and agree to participate in this survey. Yes No

I am age 18 or over. Yes No