# **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 Hawaii 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 informed consent 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 your consent form.

Aloha! My name is John Researcher and you are invited to take part in a research study. I am a graduate student at the University of Hawai'i at Mānoa in the Department of Kinesiology. As part of the requirements for earning my graduate degree, I am doing a research project.

***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 may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your rights to services at the UH Campus Recreational Facilities.

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

The purpose of my project is to evaluate the effectiveness of services provided at UH's new Campus Recreational Facilities. I am asking you to participate because you recently used these services.

***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.

***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. The results of this project may help improve the Career Development and Counseling program to benefit future students.

***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 identifiable private information or identifiable biospecimens *(choose one)* and after removal of identifiers, the data or biospecimens *(choose one)* 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. *(If using this statement, also refer to* [*Model Consent form guide 468*](https://drive.google.com/file/d/0B45cs2lc9u-vZjd2WXhhbVU4Z0U/view) *for additional checkboxes that must be inserted in the Signature line section)*

***(OR)***

Even after removing identifiers, the data from this study or biospecimens collected for this study *(choose one)* 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 [phone # & email address]. You may also contact my faculty advisor, Dr. Henry Higgins, at [phone # & email address]. You may contact the UH Human Studies Program at 808.956.5007 or [uhirb@hawaii.edu](mailto: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.

Filling out the survey will be considered your consent to participate in this study.

Please keep a copy of the consent form for your records.

Mahalo!