Debriefing Statement

Thank you for participating in our study. In (insert the type of research), it is sometimes necessary to conceal our hypotheses because when people know what is being studied, they often alter their (insert behavior, answers, etc.). However, we do not want you to leave misinformed, so we will now tell you what we were actually studying.

During this study, you were asked to (insert the procedures). You were told that the purpose of the study was to (state). The purpose of this study is to (insert true purpose of the study). In order to test these hypotheses, (insert how this was accomplished in the study).

We apologize that we could not reveal our true hypotheses to you at the beginning of the study, but we hope you can see why it was necessary to keep this information from you. When people know exactly what the researcher is studying, they often change their behavior, thus making their responses unusable for drawing conclusions about human nature and experiences. **For this reason, we ask that you please not discuss this study with others who might participate any time after you.**

If your participation in this study has in any way upset you, a referral list of mental health providers is attached to this document for your use. (Please remember that any cost in seeking medical assistance is at your own expense.) Rutgers Counseling Services can be reached at (insert phone number).

If you have any questions about this study, feel free to ask the researcher, (insert name, phone number and email).

**[*ALL STUDENTS MUST INCLUDE THIS SECTION, not the above*]:** If you have any questions about the study or study procedures, you may contact myself at (insert name, phone number and email. You may also contact my faculty advisor (insert name, phone number and email).

If you have questions, concerns, problems, information or input about the research or would like to know your rights as a research participant, you can contact the Rutgers IRB/Human Research Protection Program via phone at (973) 972-3608 or (732) 235-9806 OR via email irboffice@research.rutgers.edu, or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

Now that you understand the true nature of our study, we would like to give you the chance to refuse the use of your data for our research purposes. You are free to ask us not to use your data in our study analysis. If you have any concerns about your participation or the data you provided in light of this disclosure, please discuss this with us. We will be happy to provide any information we can to help answer questions you have about this study. Please again accept our appreciation for your participation in this study**.**

You will be given a copy of this form for your records. **Please choose one (1) statement below and sign/date:**

* You have read this debriefing form, and you **AGREE** to allow the use of your data for research purposes.

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| Agree---Subject’s Signature |  | Date |

* You have read this debriefing form, and you **DO NOT AGREE** to allow the use of your data for research purposes and would like your data to be immediately withdrawn and destroyed (where possible).

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| Disagree---Subject’s Signature | Date |  |

Subject Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject ID/# \_\_\_\_\_\_\_ (if applicable)

Principal Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_