As you know, I am a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. sociologist // undergraduate/ graduate student in the \_\_\_\_\_\_\_ department) from the University of Virginia in the United States. I am conducting a study on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I would like to ask you some questions about that.

I would like to record our conversation so that I can get your words accurately. This interview will take about \_\_\_\_\_\_\_\_\_ minutes of your time.

There are no known risks to participating in this interview, (update risks as relevant to study) but if at any time during our talk you feel uncomfortable answering a question, please let me know, and you don’t have to answer it. Or, if you want to answer a question but do not want it recorded, please let me know and I will turn off the machine. There may be some things that I can’t record for your protection; for example, if you tell me about \_\_\_\_\_\_\_\_\_\_\_\_ I will have to turn off the recorder and erase what you said.

There are no benefits to you as an individual for participating in this study; however, your interview responses may help us to learn more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will do everything I can to protect your privacy. There is always a slight chance that someone could find out about our conversation. I will not use your name during the interview, and your contact information will be kept separately from the recording and notes of our conversation.

Your participation in this research is voluntary. If at any time you want to withdraw from this study, please tell me and we will stop the interview. I will erase the recording of our conversation. If you wish to withdraw from the study in the future, please contact me. (if recordings/transcriptions will be de-identified and key connecting participants’ identities to code/pseudonyms will be destroyed, include) It may not be possible to erase your recording in the future if the information that links that recording to you has been destroyed.

As a compensation for your time, you will be paid $\_\_\_\_\_ // I will send you a gift card for $\_\_\_\_\_.

The recording of our conversation will be stored securely on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The recording of our conversation will be erased when the study is complete // once it is transcribed into notes. Only members of the study team will have access to the recording and the notes taken during the interview // I will share the recording of our conversation with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. // A copy of the recording, without your name or contact information, will be stored for use in future research studies.

If you have questions about this research, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_. You can also contact my faculty advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_ // my local advisor \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you have questions about research participants’ rights, please contact Tonya Moon, IRB Chair, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (give participant time to write down these contacts)

Now I would like to ask you if you agree to participate in this study, and to talk to me about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Do you agree to participate, and to allow me to record our conversation?

**Contact Information Card**

**(option to give to participants during oral consent as appropriate)**

**Please contact the researchers on the study team listed below to:**

* **Obtain more information or ask a question about the study.**
* **Report an illness, injury, or other problem.**
* **Leave the study before it is finished.**

Principal Investigator's Name (If there is another study team member that should be listed as the contact person, please list contact information for both the PI and the contact person).
Department, UVA Address (no home addresses!)
University of Virginia, Charlottesville, VA 22903.
Telephone: (434)…
UVA Email address

Faculty Advisor’s Name (Include this information for student or staff research projects).
Department, UVA Address
University of Virginia, Charlottesville, VA 22903.
Telephone: (434)…
UVA Email address

**You may also report a concern about a study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.**

Tonya R. Moon, Ph.D.
Chair, Institutional Review Board for the Social and Behavioral Sciences
One Morton Dr Suite 400
University of Virginia, P.O. Box 800392
Charlottesville, VA 22908-0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: <https://research.virginia.edu/irb-sbs>
Website for Research Participants: <https://research.virginia.edu/research-participants>

UVA IRB-SBS # Include Protocol Number HERE!