**Note (delete this statement in the final copy): Insert applicable information in the as noted in red. Delete the language that does not apply. Do not delete any of the major headings as these are required by regulation and local policy.**

 **Debriefing Form**

**Title:** [Insert study title]

**Principal Investigator:** [Insert PI’s name]

**Purpose of the Study**

In the informed consent document that you read and signed before the study started, you were told that the purpose of the study was to [Insert purpose statement from informed consent document.]. The real purpose of this study is to [Insert true purpose in layman’s terms].

You were not given the real purpose of the study in case that would have changed your answers or how you acted. This is an ongoing study and we do not want this detail to influence future participants. We ask that you do not tell others about the real purpose until the study [or semester, if recruiting students] is over.

**Permission to Use Data**

Now that you have been told the real purpose of this study, we want to make sure that you understand the real purpose of the study and ask for your permission to use your data. Remember, we want to understand how people act in general. We will never draw any results about you personally.

If you do not want your data included in this study, your data will be immediately destroyed and it will not be analyzed or included as part of the study report. Your refusal to allow use of the data will not impact current or future relationships with The University of Notre Dame. It will also not affect the compensation you were promised at the start of the study. [If compensation was part of deception, describe real compensation.]

If you want more information about this study, you can contact any of the investigators at:

[Insert names]

[Insert email addresses]

[Insert phone numbers]

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Notre Dame Research Compliance Office, at 574-631-1461 or by email at compliance@nd.edu .

**Signature**

Your signature below means that you understand the real purpose of the study. Your signature does not mean you are waiving any legal rights. Please indicate if you do or do not agree for us to use your data now that you know the real purpose of the study. You will be given a copy of this form after you sign it.

Check one:

\_\_\_ I understand the real purpose of the study and allow the researchers to use my data.

\_\_\_ I understand the real purpose of the study and do NOT allow the researchers to use my data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

As a representative of this study, I have explained the true purpose of the study to the participant and informed the participant of their ability to not allow the use of their data in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Staff who Date

Debriefed the Participant