Sample Information Form Template – Minimal Risk Survey/Questionnaires

(Note this is only a sample – your project may require insertion of further relevant sections or details. See detailed description above).

IWK Letterhead/Logo

Study title: Simple and descriptive
Investigators: Name, Degrees, Title (Student/Supervisor if relevant)
Funding Source: Name of funder

Introduction and Purpose:
Sample wording: "[Insert Background sentence or two]. This is a voluntary research study that is examining….[insert purpose]. Survey responses will be used to [state objective(s)]. "

How will the researchers do the study?
Sample wording: "This [multicenter/single center] survey will be given to [insert number][insert target population]. This survey [will/will not] be coded for tracking purposes. [if relevant: {Insert Number} reminder(s) will be sent to non-respondents in {insert number} weeks.

What will I be asked to do? (may combine with previous section)
Sample wording: " You will be asked to fill out the [paper/electronic] survey and return it by [insert method]. The survey will take about [insert time] minutes. You may skip any questions you do not wish to answer."

Potential Harms and Burdens.
Sample wording: "There are [no/some potential] expected harms. {If some potential harms – list here}. {For questionnaires, the possibility of distress to the subject should be mentioned, if applicable}. Taking part [will/may] be of no help to you personally. It is hoped that what is learned will be of future benefit to others".

Can I withdraw from the study?
Sample wording: "You [may/may not] withdraw from the study after submission of the survey [as the results are anonymous]. {If relevant, insert how to withdraw}. Withdrawal will not affect your care at the IWK Health Centre."

Costs and reimbursements.
Sample wording: "There will be no costs to you. There will be [no/name reimbursement] reimbursement for time spent completing the survey. [If relevant, describe any potential profit from commercialization of the results of the research]".

How will my privacy be protected?
Sample wording: Any information that is learned about you will be kept private. The surveys will be [insert if completely anonymous/coded]. {If coded, note how coding key will be kept separate and who may see the data}. The study records will be kept in a locked area for 5 years following publication of the results. Only study staff will have access to these records.

What if I have study questions or problems?
Sample wording: For questions contact: [Insert name of investigator with phone number and/or e-mail].

What are my Research Rights?
Sample wording: "Return of the survey indicates that you have agreed to take part in this research and for your responses to be used. In no way does this waive your legal rights nor release the investigator(s), sponsors, or involved institution(s) from their legal and professional responsibilities. If you have any questions at any time during or after the study about research in general you may contact the Research Office of the IWK Health Centre at (902) 470-7879, Monday to Friday between 8:00 a.m. and 4:00 p.m. or researchethicsiwk@iwk.nshealth.ca."

How will I be informed of study results?
Sample wording: "The results of this survey will be available in [insert time frame]. If you would like to receive a summary of the study results, please provide your name and [Insert address/email]. {Indicate where they should provide this address - page that can be separated from questionnaire data}."

Please note if using a signature section then consult the Consent and Authorization Documents General Requirements – Minimal Risk

Insert Page Number, Version Number.