This study has been approved by the University of Redlands Institutional Review Board (IRB) and has approval number XXXX-XXX.

**General information about this study**

You are being asked to participate in a research study. Whether you do is entirely up to you. You may refuse to participate, or you may stop participating at any time for any reason without any penalty.

The purpose of this study is to EXPLAIN THE PURPOSE OF THE RESEARCH.

You are being asked to participate in this study because you are NOTE ANY QUALIFYING CRITERIA FOR RECRUITMENT. IF NO QUALIFYING CRITERIA, DELETE THIS SECTION.

**How long this will take**

If you choose to participate in this study, your involvement will take XX minutes/hours.

**What will happen if you participate in this study**

If you participate in this study, you will complete this online survey.

**Protecting your privacy**

People who participate in this study will not be identified in any report or publication about this study. Although every effort will be made to keep the research records private, there may be times when federal or state law requires the disclosure of such records, including personal information.  This is unlikely to happen, but if disclosure is required, the investigator will take whatever steps are allowable by law to protect the privacy of your personal information.  In some cases, your information in this research study could be reviewed by representatives of the University of Redlands, research sponsors, or government agencies for purposes such as quality control or safety. It is possible that there are unknown risks or discomforts.  Please report any problems immediately to the researcher.

**What will happen if you experience any problems or discomforts during or after your participation?**  
 Anything you do, including participating in research, carries with it some chance that something problematic or unwanted may happen.  Although the researcher may direct you to medical, psychological, or other services, any costs related to such problems are your or your insurance company's responsibility.  You may ask and have answered any question about the research.  If you have questions or concerns, you should contact me at PI’S OFFICIAL EMAIL ADDRESS or my faculty sponsor ADVISOR NAME at ADVISOR’SOFFICIAL EMAIL ADDRESS. This University of Redlands IRB tries to ensure that your rights and welfare are protected if you choose to participate in the study.  If you have any questions about your role or how you were treated by the research personnel, you may contact the Riaz Tejani, Chair of the IRB at riaz\_tejani@redlands.edu or by telephone at (909) 748-8534.

By clicking to proceed with this survey, you acknowledging informed consent as described in the text above.    
  
 