

FIU IRB Approval:	09/27/2018
FIU IRB Expiration:	09/27/2019
FIU IRB Number:	IRB-18-0346



ADULT ONLINE CONSENT TO PARTICIPATE IN A RESEARCH STUDY
APPENDIX K-1

Factors Predicting
High Risk Sex Practices among Female Veterans

PURPOSE OF THE STUDY

The study is being conducted to understand the sexual practices of female veterans; to assess their attitudes towards sex and understand the factors that encourage them to engage healthy sexual practices.

NUMBER OF STUDY PARTICIPANTS

If you decide to be in this study, you will be one of 116 or more people in this research study.

DURATION OF THE STUDY

Your participation will require approximately 2 hours maximum to complete the questionnaires. You will not be contacted afterwards and your participation is only one time.

PROCEDURES

If you agree to be in the study, we will ask you to do the following:

1. Complete 5 surveys via a computer which is completely private and can only be logged into by the researcher. You will not be asked to give your name. All surveys will be given a number and will not be traced back to you in any way. Because of this you are asked to complete the surveys to the best of your knowledge and try not to leave any blanks. You will not be asked to give any blood or blood products. All you are being asked to do in this study is to answer the questions on the surveys, as best as you can.
2. You will not be video or audiotaped during the study; neither will you be assigned to a specific study group because this study is not experimental.

RISKS AND/OR DISCOMFORTS

The following risks may be associated with your participation in this study: First, there is no physical risk to you in participating in this study. However, because of the nature of the questions being asked, you may experience some emotional discomfort as you answer them. If your experience becomes too stressful for you to continue, you may withdraw from the study at any time without any questions asked. There are no other known risks at this time.

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BENEFITS

The following benefits may be associated with your participation in this study. Information gathered in this study will be used to shape policies and interventions related to the sexual health of female Veterans, so indirectly, you will be benefiting from knowing that you participated in this study. Apart from this, there are no other direct benefits to you.

ALTERNATIVES

There are no known alternatives available to you other than participating in this study. However, any significant new findings developed during the course of the research which may relate to your willingness to continue participation will be provided to you.

CONFIDENTIALITY

The records of this study will be kept private and will be protected to the fullest extent provided by law. Any report published from this study will not include any information that will make it possible to identify you or any of the participants. Research records will be stored securely and only the research team will have access to the records. Research records may be reviewed for audit purposes by authorized University or other agents who will be bound by the same provisions of confidentiality. No identifying information, (such as name, date of birth), about you or any other participant will be collected and no survey will be traced back to you.

COMPENSATION & COSTS

You will receive a payment of \$10.00 in the form of a gift certificate for your participation. You will receive the gift certificate once you have completed the surveys. If you decide to withdraw from the study you will not be asked to repay the gift of \$10. You will not be responsible for any costs to participate in this study.

MEDICAL TREATMENT

Routinely, FIU, its agents, or its employees do not compensate for or provide free care for research participants in the event that any injury results from participation in a research project. If you become ill or injured as a direct result of participating in this study, contact your regular medical provider. If you have insurance, your insurance company may or may not pay for these costs. If you do not have insurance, or if your insurance company refuses to pay, you will be billed. Funds to compensate for pain, expenses, lost wages and other damages caused by injury are not routinely available.

RIGHT TO DECLINE OR WITHDRAW

Your participation in this study is voluntary. You are free to participate in the study or withdraw your consent at any time during the study. Your withdrawal or lack of participation will not affect any benefits to which you are otherwise entitled. The investigator reserves the right to remove you without your consent at such time that they feel it is in the best interest of the study.

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RESEARCHER CONTACT INFORMATION

If you have any questions about the purpose, procedures, or any other issues relating to this research study you may contact the principal investigator, *Beverly Fray at Miami, Florida, 305-586-6753, or by email bfray001@fiu.edu.*

IRB CONTACT INFORMATION

If you would like to talk with someone about your rights of being a participant in this research study or about ethical issues related to this research study, you may contact the *FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.*

PARTICIPANT AGREEMENT

I have read the information in this consent form and agree to participate in this study. I have had a chance to ask any questions I have about this study, and they have been answered for me. I understand that I will be given a copy of this form for my records.

(Insert Consent to Participate Button Here on the Website)