ADULT DEBRIEFING FORM
PRINCETON UNIVERSITY

TITLE OF RESEARCH: [Insert study title]

PRINCIPAL INVESTIGATOR: [Insert Principal Investigator's name]

PRINCIPAL INVESTIGATOR'S DEPARTMENT: [Insert Principal Investigator's Department]

What you should know about this study:

Before you took part in the study, we could not reveal all the study's details without influencing the results of the study. We told you_____, **but that was not true**. Actually, _____. We could not tell you the true purpose of the study because_____.

Reiterate how the study was initially presented. Then, explain **in detail** the information that was withheld from participants or the ways in which participants were deceived.

- If the study had an experimental design, describe each condition, describe the experience of participants in each condition, and describe what was actually measured in each condition.
- If the study did not have an experimental design, describe the surveys and/or activities participants completed, and describe what each was designed to measure.

Explain **in detail** why it was important that participants were deceived or why information was withheld from them.

We predict that_____. It is important to research this topic because_____.

Describe the predicted results of the study.

Explain the contributions this study makes and/or potential applications for this type of research, as applicable.

Please do not share information about this study with others who might participate in the study. This is important because_____.

If participants should not discuss the study with others so that they do not reveal the true purpose of the study to potential participants, please explain this.

Post-Study Resources:

If you are experiencing emotional distress after taking part in this study, you can seek help from a mental health professional. You can contact_____.

Please list relevant mental health resources, such as Lehigh's Counseling Center (if participants are Lehigh students), and/or national hotlines for those in crisis. Tailor this list to be relevant to the study and participants' location.

If you would like to learn more about this topic, please see the following resources:

Provide resources relevant to the topic of the current study that are easily accessible and to the population taking part in your study and are appropriate for a lay-audience.

Questions about this Research:

If you have any questions, concerns, or would like more information about the research you took part in, please contact the principal investigator:_____.

List the PI's name, phone number, and email.

If you would like to speak with someone who is not part of the research team, please contact Princeton University's IRB at ria@princeton.edu, (609) 258-8543.

Participation is Voluntary: Right to Withdraw Data

Include this section if participants will have the opportunity to withdraw their information from the study after deception is revealed.

Now that you have complete information about the study, you may choose to withdraw your information from the study. If you would like to be removed from the study, we will_____. (Explain exactly what information will be destroyed or deleted, and when the information will be destroyed or deleted.) You will not face any penalty for withdrawing your information form the study, and you will still receive _____. (List any relevant compensation.)

Please ask any questions you have and complete the section below:
This section is not required for anonymous surveys.

_____ **I give permission** for my information to be included in this study.

_____ **I do not give permission** for my information to be included in this study.

_____
Participant's Signature

_____
Date

This study has been approved by the Institutional Review Board for Human Subjects