***Delete all instructions in blue before submitting to the IRB***

**This template can be used for research that involves data collection via Skype or phone calls.**

Instructions are in blue. Customize the language in black as needed to fit your study. When you have finished, ***read over*** the entire document to ensure it makes sense and is accurate.

* Use simple language. Avoid technical terms.
* Write in a conversational tone, as though you’re speaking to your participants.
* Use pronouns (I, we, you) and contractions (we’re, won’t, isn’t). The template default is “we”; you can change this to “I” if you’re doing the research entirely on your own.

**Provide Participant with a Summary Statement not to exceed 5 sentences:** (include activities, risks and benefits): this research will involve a 30-minute phone or Skype interview about your interactions with personal trainers. There may also be some demographic information collected. The primary risk to you would be that your identity could be released but we have taken steps to protect your identity. There are no direct benefits to you from participating.

Hello, my name is [insert name] from the [insert Department] at the University of Massachusetts Lowell and I am conducted a research study titled [insert title]. The purpose of the study [describe the purpose or goals in simple language].

With your permission, I am asking you to participate in [an interview] and I will ask you questions about [describe what you will be asking]. The interview will take approximately [insert length of time] of your time. With your permission, the phone interview will be recorded and transcribed. If you choose not to be recorded, hand-written notes will be taken.

The potential risks of this research are [provide examples, for instance ‘there is no research that is without risk for stress or disclosure and/or some questions may be very personal or upsetting. Add any other risks – think about emotional, social, and/or financial risks.] Add the measures you’ll use to protect data security.]

* + Data is anonymous. **– or –** All identifying information is removed and replaced with a study ID.
	+ We’ll remove all identifiers after [insert amount of time or specific event].
	+ We’ll store all electronic data on a password-protected, encrypted computer.
	+ We’ll keep your identifying information separate from your research data, but we will be able to link it to you. We’ll destroy this link after we finish collecting and analyzing the data.

You can skip any questions you don’t want to answer, or stop the research at any time. Information you share with us will be maintained to the highest level and no personal information will be shared with anyone outside of the research team. You will not receive any compensation for participating in this study, nor is there any benefit to you. However, we hope that the results of this study will help us to understand how personal trainers perceive their roles as personal trainers. There are no direct benefits to you from participating.

Your participation in this interview is completely voluntary. This means you do not have to participate if you don’t want to. If you do agree to participate, you have the right not to respond to any questions you choose, and to stop the interview at any time and for any reason.

All information in this interview will be kept confidential, meaning that your name will not be used in any transcript created from the phone recording. Transcripts and recordings will be kept in a password-protected computer, and destroyed after 3 years. We will be collecting your name and phone number with your responses in case we need to contact you again for a follow-up question. However, your name will not be released in any results that may be published about the study.

If you have questions or concerns regarding this research, you can contact me at: XX@student.uml.edu. You may also contact my advisor xx@uml.edu or at 978-934-xxxx. For questions about your rights as a participant, concerns or complaints contact the UMass Lowell Institutional Review Board at IRB@uml.edu or at 978-934-4134.

Please provide me with you name and phone number in the event I need to contact you again:

Name of participant:

Phone Number:

Before we begin,

1. Are you 18 years of age or older? \_\_\_Yes or \_\_\_No If no, thank you for your time!
2. Do you have any questions? \_\_\_Yes or \_\_\_No
3. Do you agree to voluntarily participate in this research? \_\_\_Yes or \_\_\_No (STOP HERE)
4. Do you agree to be audio recorded? \_\_\_Yes or \_\_\_No (If no, take hand-written notes)