

Sample DeBriefing Form

For the Study entitled:

“ _____ ”

Dear Participant;

During this study, you were asked to _____¹. You were told that the purpose of the study was to _____². The actual purpose of the study was _____³.

We did not tell you everything about the purpose of the study because _____⁴.

You are reminded that your original consent document included the following information: _____⁵. If you have any concerns about your participation or the data you provided in light of this disclosure, please discuss this with us. We will be happy to provide any information we can to help answer questions you have about this study.

If your concerns are such that you would now like to have your data withdrawn, and the data is identifiable, we will do so.

If you have any questions about your participation in the study, please contact me at (*contact info*), or my faculty advisor, (*name, contact info*).

If you have questions about your rights as a research participant, you may contact the East Stroudsburg University's Institutional Review Board (sdavis@po-box.esu.edu).

If you have experiences distress as a result of your participation in this study, a referral list of mental health providers is attached to this document for your use.⁶ (Please remember that any cost in seeking medical assistance is at your own expense.)

Please again accept our appreciation for your participation in this study.

_____⁷
Name Date

Instructions:

1. Using information from the original consent document, describe the task.
2. State the purpose, as written in the consent.
3. State the actual purpose.
4. Reasons for not being forthright; and how/why the study was successful.
5. Copy “right to withdraw” information from the original consent.
6. Include, if applicable, and provide a list of medical/mental health providers for the participants' geographic area, if applicable.
7. Add your signature, printed name and date.