This is a template for a debriefing form to be given to participants after they take part in a study. **If a study involves deception, or if a study could cause participants to experience a negative emotional reaction, debriefing must take place.** Participants can also be debriefed after any study.

When using this template to develop your own debriefing form, please include only the sections that are relevant to your research, and please add to and adapt this form as necessary. Information in red provides instruction and must be deleted. Replace the blanks with your own text.

**Debriefing Form/Information Form**

**Title of Study**

Thank you for taking the time to participate in this study. This study is about\_\_\_\_\_. The goal of the study is to\_\_\_\_\_.

Use a few sentences to explain the study’s topic. For example, you could tie the topic of research to a real-life example or an example from current events that participants can easily relate to and understand. Broadly explain the study’s goals.

**What you should know about this study:**

If the study involved deception:

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** theinformation 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 Lehigh University’s IRB at inirb@lehigh.edu, 610-758-2871.

**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

Include signature line if study is reviewed as expedited or if it received full board review.

***You will be given a copy of this form to keep for your records.***