Debriefing Document

***DIRECTIONS FOR USE OF THIS TEMPLATE:***

* *Replace bracketed items in the header, such as “[Title of Study]” with the requested information.*
* *Read the guidelines for each section, complete each section as applicable for your project, and then delete the template guidelines.*
* *Example text may be used if needed but should not be left italicized. Instructions in red font should be replaced or deleted.*
* *For studies involving* ***deception*** *or studies designed in such a way that providing complete background information will invalidate the study, participant’s responses must be able to be linked back to them so the option to withdraw their data after the deception is disclosed is preserved.*

Research Participant:

During this study, you were asked to <<include a brief description of the study task(s)/procedure(s) the participant was asked to perform>>. You were told that the purpose of the study was <<state the purpose as it was presented in the consent document>>.

The actual purpose of the study was <<state the actual purpose of the study>>. We are conducting this study because <<provide a rationale for the research>>. We did not tell you the real purpose of the study because <<state the reason(s) for not providing this information up front>>.

If you have any questions, concerns, or complaints or if you feel you have been harmed by this research please contact *<<list contact person, their affiliation (e.g., Department of Psychology, University of Illinois Urbana-Champaign) and a phone number or e-mail>>*.

We would like to remind you that your participation in this research is completely voluntary. It is up to you to decide whether or not to continue participating in this study. If you decide to withdraw from the research at this time, we will destroy any data collected about you during this study. The decision to withdraw from this research will involve no penalty or loss of any benefits to which you are otherwise entitled. This will not affect your relationship with the investigator. If you would like to withdraw from this study, please let the investigator know.

**Institutional Review Board:** If you have any questions about your rights as a research subject, including concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu. If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link [here](https://redcap.healthinstitute.illinois.edu/surveys/?s=47X9T4NE4X) or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

Again, please accept our appreciation for your participation in this study.