Columbia University Consent Form

Protocol Information

Attached to Protocol: IRB-AAAR6347
Principal Investigator: Melanie Bernitz (mjb239)
IRB Protocol Title: Stimulant Social Norms Marketing Campaign

General Information

Consent Number: CF-AABE1930
Participation Duration: 5-7 minutes
Anticipated Number of Subjects: 500
Research Purpose: Study Well, an effort of the broader Live Well. Learn Well. Initiative, is a social norms marketing campaign designed to correct the misperception regarding CC/SEAS undergraduate students' use of stimulant drugs to assist in their study habits. The evaluation of this program will allow administrators to know if the social norms marketing approach can assist with correcting misperceptions around stimulants medication misuse among undergraduates in Columbia College and Fu Foundation School of Engineering and Applied Science.

Contacts

Contact	Title	Contact Information
Michael McNeil	Investigator	Phone: 212-854-8975 Email: mm3117@cumc.columbia.edu

Information on Research

This program will be evaluated using a post-implementation survey administered using an intercept interview model.

Columbia Health representatives will approach random undergraduates in key campus locations requesting voluntary participation to complete the brief evaluation survey on a Columbia Health mobile device. The aim is to collect a minimum of 100 responses over a two week period.

The evaluation consists of no more than 10 questions focused on self-use, perception of use of others, observed use

in others, and general demographics.

Benefits

Your participation in this evaluation survey will assist university administrators in assessing and improving campus resources and services for you and other students.

Risks

The risks to participation in this evaluation survey are minimal.

The evaluation deals with sensitive behavioral information, including perceptions regarding the use of illegal substances. While completing the survey, you may have feelings of embarrassment or general emotional discomfort. If you would like to speak with someone about these issues, please contact Alice! Health Promotion at 212-854-5453 or visit the office in 300 John Jay Hall.

Confidentiality

The survey is confidential. You will not be asked to put your name or other identifying information on the survey or any official documentation of this research. The study records are kept strictly confidential at all times and no individual identities will be used in any reports or publications resulting from this study.

Only study personnel will have access to the files, and individual results will not be shared with anyone. Although every reasonable effort will be made to protect the confidentiality of your records, such protection cannot be guaranteed. By law, representatives of the sponsoring organization, Columbia University's Institutional Review Board (IRB), and other regulatory authorities may inspect these records, but not individual responses to the survey. All personal information made available for inspection will be handled in strictest confidence and in accordance with data protection laws.

Alternative Procedures

We are not aware of any alternative study concerning this issue. The alternative is not to participate.

Compensation

You will not receive any payment or other compensation for participating in this study. However, all participants completing the evaluation survey will be entered to win one of ten $10 Banes & Noble gift cards.

Additional Costs

There are no costs to you for participating in this study.

Voluntary Participation

Participation in this evaluation survey is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Likewise, if you elect to participate in this study, you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your responses are important and we hope that you will agree to participate. However, you are under no obligation to participate if you so choose.

Additional Information

If you have any questions or concerns about the study, you may contact Michael McNeil(212-854-5453, mm3117@columbia.edu).

If you wish to talk about any health concerns you have, please contact Columbia Health Medical Services www.health.columbia.edu or 212-854-7426.

If you have any questions or concerns about your rights as a research subject, you may contact the Columbia University Morningside IRB at (212) 851-7040 or 212-851-7044 (fax) or email askirb@columbia.edu.

Statement of Consent

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I have read this consent form and the research study has been explained to me. I agree to be in the research study described above.

By advancing to the evaluation survey I grant my voluntary consent and I have not given up any of the legal rights that I would have if I were not a participant in the study. I understand I may skip any question I do not wish to answer and may end my participation at any time without penalty.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate, or to withdraw from the study will not affect my future at the University or status with this investigator.

If I have questions about my rights as a research participant, I can call the Institutional Review Board office at (212) 851-7040. I certify that I am 18 years of age or older and freely give my consent to participate in this study.

Signatures

Participant Signature Lines

Study Participant

Print Name _____ Signature _____

Date _____