

Columbia University Consent Form

Protocol Information

Attached to Protocol: IRB-AAAA9036

Principal Investigator: Melanie Bernitz (mjb239)

IRB Protocol Title: The National College Health Assessment: Examining the health status of Columbia University students on the Morningside and Medical Center campuses

General Information

Consent Number: CF-AAAT5245

Participation Duration: 20-30 min

Anticipated Number of Subjects: 50000

Research Purpose: The National College Health Assessment (NCHA) is a national, non-profit, research effort organized by the American College Health Association (ACHA) to assist colleges and universities in collecting data about the health of their students. The ACHA-NCHA contains questions that assess health status and health problems, risk and protective behaviors, access to health information, impediments to academic performance, and perceived norms across a variety of content areas including: injury prevention, personal safety and violence; alcohol, tobacco, and other drug use; sexual health; weight, nutrition, and exercise; and mental health. This assessment will allow Columbia University administrators to evaluate programs and services and set public health goals for the campus.

Information on Research

Columbia Health and Columbia University Medical Center Student Health Service are conducting a survey about students' health. We are asking that all Columbia University students voluntarily participate. The web-based survey will ask you a series of questions about your health status and beliefs, and will take approximately 25 to 30 minutes to complete. From this survey, we hope to gain a better understanding of the health behaviors of students at Columbia University. The results will help to: generate incidence rates for a variety of health issues; plan programs; prioritize student needs; allocate resources; design programs or strategies for intervention; identify protective and risk factors to academic performance; and measure progress on the national health objectives.

The ACHA-NCHA deals with sensitive behavioral information, including use of illegal substances, experiences with harassment and violence, sexuality, and personal health problems. Should you have feelings of embarrassment or general emotional discomfort, or the survey may require some participants to remember difficult life experiences, please note that all responses to the survey are kept complete confidential. Columbia University will never be able to individually identify any participant. If you would like to further discuss any of the issues, subjects, or topics covered in the survey, please contact the health services on your campus for assistance or referrals to the proper agencies.

Benefits

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

Risks

The ACHA-NCHA deals with sensitive behavioral information, including use of illegal substances, experiences with harassment and violence, sexuality, and personal health problems. 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 the health services on your campus.

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 will be entered to win one of three \$200 travel vouchers. In addition, every person to complete the survey will be entered into

a random drawing to win one of more than 100 gift certificates for the University bookstore.

Additional Costs

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

Voluntary Participation

Participation in this study 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 we do not receive the completed survey within one week, ACHA will contact you again to participate. You may be contacted up to four total times regarding participation in this survey. Each email contact will include a link to remove your email address from any further study communications.

If you have any questions or concerns about the study, you may contact Michael McNeil(212-854-5453, mm3117@columbia.edu)at the Morningside Campus or Jane Bogart (212-304-5564, jb925@cumc.columbia.edu)at the Medical Center.

If you wish to talk about any health concerns you have, please contact the health service at your campus:

Morningside Campus: www.health.columbia.edu or 212-854-7426

Medical Center: <http://www.cumc.columbia.edu/student/health/> or 212-305-3400

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

[Statement of Consent](#)

Statement of Consent

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 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 _____