

Consent to Participate in a Research Study

FATHERS AND INTERNET USE

Conducted by Dr. Sarita Yardi Schoenebeck, Ph.D, University of Michigan

We invite you to participate in a research study about fatherhood and Internet use. We are interested in learning about your role as a father and your use of the Internet.

Description of subject involvement

If you decide to participate, we will ask you to participate in a research study with us. The study will take 45-60 minutes of your time and will consist of an interview with you. For local participants, the study will be conducted in the downtown Ann Arbor area, either on the University of Michigan campus or at a nearby downtown location. For non-local participants, the interview can be conducted by telephone or Skype.

Benefits

Although you may not directly benefit from being in this study, other fathers, parents, and families may benefit. Fathers may be given more resources and support online than they currently have.

Risks and discomforts

There is little risk associated with this study. Participating in this study is no more risky than other everyday activities.

Compensation

There is no compensation for this study.

Confidentiality

We will not use your real name in any presentations or publications. We will use fake names when we refer to things you say in the interview.

To keep your information safe, the researchers will keep everything you say on a password protected computer. If you decide not to finish the interview, we will erase the things you said.

Voluntary nature of the study

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time.

Contact information

If you have questions about this research, including questions about scheduling, you may contact Dr. Sarita Yardi Schoenebeck at yardi@umich.edu or +1 (734) 764-8677.

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 540 E Liberty St., Ste 202, Ann Arbor, MI 48104-2210, (734) 936-0933, irbhsbs@umich.edu.

Consent

By signing your name here, you are agreeing to be in the study. You will be given a copy of this document that you can keep. If you have any questions, you can ask us. You can also contact us later if you think of any questions.

I agree to participate in the study.

Printed Name

Signature

Date

We would like to audio record the interview. We will erase the audio recording as soon as we have listened to the recording and taken notes. Sign here if you give us permission to audio record you. Even if you sign now, you can always change your mind and ask us to stop recording.

Signature

Date