

# Social Media Experiences Study

## Informed Consent to Participate in a Research Study

University of Michigan IRB: HUM00165013

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### Information about Study Participation

You are invited to be part of a research study that examines people's experiences using social media. If you agree to be part of the research study, you will be asked to complete this online survey. We expect this survey to take no more than 10 minutes to complete.

This form contains information that will help you decide whether to join the study. Taking part in this research project is voluntary. You do not have to participate and you can stop at any time. Please take time to read this entire form before deciding whether to take part in this research project. You must be 18 years old to participate in this study.

### Purpose of this Study

The purpose of this study is to learn how to improve people's experiences on social media.

### Risks

There is little risk associated with this study.

### Benefits

You may not receive any personal benefits from being in this study. However, others may benefit from the knowledge gained from this study.

### Financial Information

You will be compensated \$3 for completion of the survey.

### Protecting Your Information

We will store your responses on password protected computers. Your responses will be available to the research team. Occasionally, your responses may be seen by University, government officials, study sponsors or funders, auditors, and/or the Institutional Review Board (IRB) to make sure that the study is done in a safe and proper manner.

### What will happen to the information collected in this study?

We will keep the information we collect about you during the research for future research. We will not collect your name or other information that can identify you directly. If you choose to receive an Amazon gift card, we will collect your email address. We will remove your email

address from our records after we have sent you the gift card. We may use or share your research information for future research studies.

### **Contact Information**

If you have questions about this research study, please contact Dr. Sarita Schoenebeck: [yardi@umich.edu](mailto:yardi@umich.edu).

**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 following:**

University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS)

2800 Plymouth Road, Building 520, Room 1169

Ann Arbor, MI 48109-2800

Telephone: 734-936-0933 or toll free (866) 936-0933 Fax: 734-936-1852

E-mail: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu)

### **Consent**

By selecting "I consent to participate in this survey" you are consenting to participate in this research survey. If you do not wish to participate, select "I do NOT consent to this survey" and click the "x" in the top corner of your browser to exit.