

Study #1610817988

INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR

Paranormal Beliefs, Experiences, and Personality Factors.

You are invited to participate in a research study of people's paranormal experiences and personality. You were selected as a possible subject because of your response to our advertising or personal interest in sharing your paranormal experiences. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Brian Laythe.

STUDY PURPOSE

The purposes of this research include the collection of individual participant's accounts of paranormal experiences. It is the exploratory goal of this study to examine the experiences in context of demographic and personality information.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of 20,000 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

This study in its entirety, will take approximately 60-90 minutes. The first part asks you to register with the study and will ask you questions about your attitudes, background, and feelings. The second part will ask you to report your personal paranormal experience. You may submit multiple paranormal experience reports in this study immediately after you register or at a later time. Additional reports will take approximately 30 minutes, should the participant choose to submit additional experiences. This research is conducted online and in survey format. You will only be asked to answer survey and essay questions. There are no experimental procedures involved with this research.

RISKS OF TAKING PART IN THE STUDY:

The questions in this study may cause mild discomfort if the participant reports an experience that was frightful or anxiety provoking. There are no known additional risks to this study. Participants may benefit from this research by sharing their experience in a confidential and supportive environment, particularly if their experiences have been negative. Participants will also benefit as we confidentially organize findings into a database which protects participant's privacy, but provides features of various paranormal experiences for participants once the research is concluded

BENEFITS OF TAKING PART IN THE STUDY:

There are no direct benefits to participating in this study.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published.

Your information is confidential to the best ability of the investigators of this study. Formal names, and identifying information is not collected by this study. Furthermore, only the Principal Investigator has direct access to the data, which is encrypted and kept on a multiply passworded server.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP who may need to access your research records.

PAYMENT

You will not receive payment for taking part in this study

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher Brian Laythe blaythe@iue.edu or blaythe@israenet.org

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (812) 856-4242 or by email at irb@iu.edu

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Indiana University

SUBJECT'S CONSENT

In consideration of all of the above, I give my consent to participate in this research study.

I have printed off a copy of this informed consent document to keep for my records. I agree to take part in this study.

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Form date: February 7, 2017