



Safe Sleep Survey Consent Form

You are invited to participate in a web-based online survey on safe sleep for infants. This research is being conducted by Imagewest on behalf of the Kentucky Department for Public Health. It should take approximately three minutes to complete.

PARTICIPATION: Your participation in this survey is entirely voluntary. You may refuse to take part in the research or exit the survey at any time without penalty.

BENEFITS: You are not guaranteed to receive direct benefits from participating in this research study. If you choose to provide your name and email at the end of the survey, you will have a chance to win a Pack n' Play bundle. However, your responses may help us learn more about what the public knows and understands about SIDS and safe sleep.

RISKS: There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

CONFIDENTIALITY: Your survey answers will be sent to a link at Qualtrics where data will be stored in a password protected electronic format. The survey does not collect identifying information such as your name or email address, except that which you volunteer. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

At the end of the survey you will be asked if you are interested in volunteering your first name and email address for a chance to win a Pack n' Play bundle. If you choose to provide this information, your survey responses may no longer be anonymous to the researcher. However, no names or identifying information would be included in any publications or presentations based on these data, and your responses to this survey will remain confidential.

CONTACT: If you have questions at any time about the study or the procedures, you may contact Imagewest via phone at (270) 745 - 8915 or via email at imagewest@wku.edu.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the Cabinet for Health and Family Services Institutional Review Board at (502) 564 - 5497.

ELECTRONIC CONSENT: You may print a copy of this consent form for your records. By continuing on with the survey, you are indicating that you have read the above information and that you voluntarily agree to participate in the survey.