* Hello, my name is Name of Principal Investigator (PI) Jane Smith from the School of Kinesiology and Health Studies at Queen’s University’. I am working under the supervision of **Name of Supervisor** and I am collaborating with **Name of** **Co-PIs/Investigators as applicable.** Include information about the presence of any real, potential or perceived conflicts of interest AND/OR the possibility of commercialization of research findings.
* I am inviting you take part in a research study titled, ‘Assessment of the importance of daily exercise – LIFE EX Study.’ Specify if recruiting a specific participant population.
* The purpose of this study is to see what strategies individuals may use to assess the importance of exercise in their daily life.
* If you agree to take part, I will interview you for one hour using Microsoft Teams. The interview will be recorded using Microsoft Teams and later transcribed.
* There is a risk that some of the questions may upset you OR state that there are no known risks.
* If you feel upset after the interview, please call Update your risk mitigation plan as applicable (e.g., Telephone Aid Line Kingston (TALK) at 613-544-1771).
* We will be collecting some **Demographic Information/Personal Information/Personal Health Information** such as your age, sex, (specify the types of data you will be collecting for research purposes).
* We will be linking this information with your medical record, IC/ES data, your survey responses and clarify if identifiable information will be generated or state none will be generated.
* Study results will help add to the body of literature about the importance of daily exercise. There are no direct benefits to you as a participant/OR specify direct benefits.
* You will receive a $5 gift card to Tim Horton’s for participating OR you will not be paid for taking part in this study OR include information conceding compensation/reimbursement for expenses.
* This study has been reviewed for ethical compliance by the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.
* Participation is voluntary. You don’t have to answer any questions you don’t want to. You can stop participating at any time without penalty/impact on your academic standing/impact on treatment.
* You may withdraw from the study up until insert date by contacting me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca). You may request to have your data withdrawn from the study up until insert date by contacting me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca) OR your data cannot be withdrawn after the submission of the anonymous survey/destruction of code file OR Include any limitations on the withdrawal of data.

* Your confidentiality will be protected, to the extent permitted by applicable laws./For Focus Groups/Sharing Circles/Group Interviews include a statement of the potential harm that could exist if confidentiality is violated by another participant. Explain that: 1) the researchers are capable of assuring their own confidentiality of information, but 2) cannot guarantee that privacy will be maintained by the other participants; AND Communicate that the withdrawal of your data may not be possible if your responses compromise information provided from other participants in the group. I will do this by replacing your name with a pseudonym in all publications and a study ID number in all study records.
* The study data will be stored on an encrypted hard drive on Queen’s University servers. The code file that links real names with pseudonyms and study ID numbers will be stored securely and separately from the data on an encrypted USB key/AND/OR include information about data sharing and the potential for the generation of identifiable information if databases will be linked. I will keep your data securely for at least five years per Queen’s University Policy, after which the de-identified data will be deposited into the Queen's University's Institutional Repository/OR communicate what will happen to the data after the mandatory archiving period. The code file identifying your pseudonym and study ID number will be destroyed five years after study closure/OR communicate what will happen to the data after the mandatory archiving period.
* In addition to the Principal Investigator and study team, a transcriber who has signed a Confidentiality Agreement will have access to the data AND/OR include all individuals that will have access to participants’ data (e.g., Sponsor/Funder/Regulatory authorities). The Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) may require access to your study-related records to monitor the ethical conduct of the research.
* I plan to publish the results of this study in academic journals and present them at conferences. I will/will not include quotes from some of the interviews when presenting my findings. I will never include any real names with quotes. I will do my best to make sure quotes do not identify participants. During the interview, please let me know if you say anything you do not want me to quote.
* For ethics concerns please contact the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at 1-844-535-2988 (Toll free in North America) or email [hsreb@queensu.ca](mailto:hsreb@queensu.ca). For research conducted outside of North America use: 1-613-533-2988. *If non-English speaking participants wish to contact the Chair for ethics concerns, translation assistance may be necessary, as the REB Chairs communicate in English only.*
* If you have any questions about the research, please contact me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca) or 613-533-6000 ext. 12345. (if you are a Student Researcher, please provide Supervisor contact information)
* This verbal consent process and Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study. Please keep a copy of this Letter of Information for that we have sent you for your records.
* I will be documenting your verbal consent in our research records. You have not waived any legal rights by consenting to participate in this study.

I confirm the participant has verbally consented to the following:

I have explained all aspects of this study to the participant as outlined on the Letter of Information.

I answered all of the participant’s questions to their satisfaction and the participant had sufficient time to consider their participation in this study.

The participant was informed that they may choose to stop their participation at any time for any reason without penalty/impact on academic standing/impact on employment/without affecting future care.

The participant was informed that their legal rights would not be affected by consenting to participate in this study.

The participant was provided with a copy of the Letter of Information for their records.

The participant consented to the use of Audio Recording/Video Recording/Use of Quotes

The participant verbally agreed to participate in this study and to follow the study procedures.

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Participant Study ID

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Signature of Person Conducting Printed Name Date of Verbal Consent

The Verbal Consent Discussion