**Debriefing Information**

Thank you for participating in our study. In (insert the type of research), it is sometimes necessary to conceal our hypotheses because when people know what is being studied they often alter their (insert behavior, answers, etc). However, we do not want you to leave misinformed, so we will now tell you what we were actually studying.

The purpose of this study is to (insert true purpose of the study).

In order to test these hypotheses, (insert how this was accomplished in the study).

We apologize that we could not reveal our true hypotheses to you up front, but we hope you can see why it was necessary to keep this information from you. When people know exactly what the researcher is studying, they often change their behavior, thus making their responses unusable for drawing conclusions about human nature and experiences. **For this reason, we ask that you please not discuss this study with other students who might participate anytime in the next year. Thank you for your cooperation.**

If your participation in this study has in any way upset you, please feel free to set up an appointment with one of OU’s licensed psychologists or counselors. Counseling and Testing Services is located on the second floor of Goddard Health Center, and they can be reached at (405) 325-2911 or 325-2700.

If you have any questions about this study, feel free to ask the researcher (insert phone number and email). Thank you for your help today.

Now that you know the true purpose of this study, please check this box if you would like

your data to be excluded from our study: □

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Signature of Participant or Participant # Date