# Appendix 3a: Identity Theft Supplement Informed Consent

**What is the purpose of this study?**

RTI International, a not-for-profit research organization, is testing the Identity Theft Supplement which will be part of the next National Crime Victimization Survey (NCVS), for the Bureau of Justice Statistics (BJS), within the United States Department of Justice. The purpose of this study is to collect information that will help us improve the way that questions about identity theft are asked about in the national survey.

The study will be conducted through a videoconferencing platform and will take about 30 minutes to complete. Your participation is voluntary, and you may stop the interview or choose to skip any questions at any time. The information you provide will be kept private to the extent permitted by law and only used for statistical purposes. If at any time it is not safe for you to continue the survey, please exit the interview immediately. If you take part in this study, you will be one of about 30 people to do so. You are being invited to participate in this research study because you expressed interest and met the criteria for inclusion.

**What will I be asked to do?**

RTI is asking you to help pretest some of the questions that will be asked in BJS’s Identity Theft Supplement. To clarify, we are not asking you to complete the survey; rather, we are asking you to assist with the development of the survey questions, by telling us whether the questions make sense and how you would go about answering them. The interviewer will read questions to you that ask about your experiences with identity theft. After each question, the interviewer will ask you follow-up questions such as whether you understood the question or what you were thinking about when you answered the question. This study is completely voluntary.

You will need to ensure that you have a laptop or desktop computer, tablet, or smartphone with audio and video capabilities to complete the interview. You will also need to ensure that you have a private location in your home to complete the interview out of earshot of others and without interruption. The information you provide in the study will be handled confidentially, meaning that your name will not be associated with the information you provide. Your name will not be used in any recordings or reports and your information will be combined with information from other people taking part in the study. Your contact information will be deleted at the end of the study.

**Are there any risks or benefits to participating?**

There is some risk of emotional distress for respondents given the personal nature of the topics covered in the survey. If you choose to participate, you are free to stop answering questions at any time or skip any questions you do not wish to answer. If you wish to talk with someone about experiences with identity theft, please see the resources provided at the end of this document.

There are no direct benefits to you for participating in the study, but you will receive a $20 Amazon.com gift card to help cover costs associated with data and internet usage. This gift card will be sent via either text or email, based on your preference and the interviewer will obtain/confirm where you want it to be sent.

**What If I Have Questions?**

If you have any questions or concerns about this study, you may contact NAME by phone at: 1-800-334-8571 x(21236). If you have any questions about your rights as a research participant, contact the RTI Office of Research Protection at 1-866-214-2043.

Do you have any questions?

Do I have your permission to continue with this survey?

*If no:* I appreciate your time and consideration.

Do you agree to this interview being recorded?

### Verbal Consent Certification and Signature

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this survey have been explained to the below-named individual and that I fully and accurately answered their questions. A clean copy of the consent form has been sent to the participant.

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First name of participant

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** of Person Obtaining Verbal Consent Date

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**Printed** Name of Person Obtaining Verbal Consent

### Verbal Consent for Interview Recording and Signature

First name of participant

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** of Person Obtaining Verbal Consent Date

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**Printed** Name of Person Obtaining Verbal Consent