*You have been asked to complete this survey as part of a research project conducted by [name of PI] [FACULTY/STAFF MEMBER] at [INSTITUTION]. The research project is called [NAME OF PROJECT] and is designed to [PURPOSE OF RESEARCH]. Your responses are entirely voluntary, and you may refuse to complete any part or all of this survey. This survey is designed to be anonymous, meaning that there should be no way to connect your responses with you. Toward that end, please do not sign your name to the survey or include any information in your responses that makes it easy to identify you. By completing and submitting the survey, you affirm that you are at least 18 years old and that you give your consent for [PI] to use your answers in [his/her] research. If you have any questions about this research before or after you complete the survey, please contact [PI and PI CONTACT INFO]. If you have any concerns or questions about your rights as a participant in this research, please contact the Chairman of the VCOM Institutional Review Board, Dr. Gunnar Brolinson, at (540) 231-4981 or pbrolins@vcom.vt.edu*