Attachment G 1: Consent Forms - English

**CNPP Consent Forms**

# Consent Forms - English

OMB CONTROL NO.: 0584-0523

 EXPIRATION DATE: XX/XX/20XX

**Journaling Consent Form (electronic)**

I, <Insert Name>, agree to take part in the journaling activities.

I understand that I do not have to be in this study. I can leave at any time without penalty. I can agree to be in the study and then change my mind later.

I allow the United States Department of Agriculture (USDA) to use the information from this study. I understand that the information is for research only, and that my name will not be shared with anyone else. I understand that any results will be presented as an aggregate and my name will not be identified with any statements I made.

I agree to ask questions about the study if I don't understand something. If I have questions after the study is over, I can contact Alec Ulasevich, PhD at ulasevicha@eurekafacts.com or at 240-403-1641.

Please click on the link below to acknowledge your consent. The link will take you to the journaling portal where you can sign in and begin your electronic journal

<link>

 OMB CONTROL NO.: 0584-0523

 EXPIRATION DATE: XX/XX/20XX

**Journaling Focus Group Consent Form (electronic)**

I, <Insert Name>, agree to take part in this focus group.

I understand that I do not have to be in this study. I can leave at any time without penalty. I can agree to be in the study and then change my mind later.

I allow the United States Department of Agriculture (USDA) to use the information from this study. I understand that the information is for research only, and that my name will not be shared with anyone else. I understand that any results will be presented as an aggregate and my name will not be identified with any statements I made.

I agree to ask questions about the study if I don't understand something. If I have questions after the study is over, I can contact Alec Ulasevich, PhD at ulasevicha@eurekafacts.com or at 240-403-1641.

Please click on the link below to acknowledge your consent. The link will take you to the focus group portal.

<link>

 OMB CONTROL NO.: 0584-0523

 EXPIRATION DATE: XX/XX/20XX

# Focus Group Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to take part in this focus group.

I understand that I do not have to be in this study. I can leave at any time without penalty. I can agree to be in the study and then change my mind later.

I allow the United States Department of Agriculture (USDA) to use the information from this study. I understand that the information is for research only, and that my name will not be shared with anyone else. I understand that any results will be presented as an aggregate and my name will not be identified with any statements I made.

I agree to ask questions about the study if I don't understand something. If I have questions after the study is over, I can contact Alec Ulasevich, PhD at ulasevicha@eurekafacts.com or at 240-403-1641.

**Audio Recording Release**

I understand that I will be audio recorded during this study. I allow USDA to use the recordings of me for research purposes only. I understand that my name will not be used for any other purpose.

I give up any rights to the recording and understand the recording may be copied and used by USDA without my permission.

**Summary**

I have read and understood this consent form. I understand that I will get a copy of this form.

Print Name:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_