OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0523. The time to complete this information collection is estimated at 5 minutes including the time for reviewing instructions and completing the information.

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 k>

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0523. The time to complete this information collection is estimated at 5 minutes including the time for reviewing instructions and completing the information.

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. <|ink>

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0523. The time to complete this information collection is estimated at 5 minutes including the time for reviewing instructions and completing the information.

OMB CONTROL NO.: 0584-0523 EXPIRATION DATE: XX/XX/20XX

Focus Group Consent Form

l,	, 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.	
study. I understand that the information	of Agriculture (USDA) to use the information from this on is for research only, and that my name will not be d that any results will be presented as an aggregate th any statements I made.
	udy if I don't understand something. If I have questions Alec Ulasevich, PhD at ulasevicha@eurekafacts.com or
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 a by USDA without my permission.	nd understand the recording may be copied and used
Summary	
I have read and understood this cons	ent form. I understand that I will get a copy of this form.
Print Name:	
Signature:	
Date:	