OMB Number: XXXX-XXXX Expiration Date: XX/XX/XXXX

Appendix C10. Participant Verbal Consent Script

OMB Number: XXXX-XXXX Expiration Date: XX/XX/XXXX

Successful Approaches to Reduce Sodium in School Meals Participant Verbal Consent Script

[INSERT THIS SCRIPT IMMEDIATELY FOLLOWING INTRODUCTION OF STUDY IN THE IN-DEPTH INTERVIEW SCRIPT]

During this interview, you will be asked a series of questions about changes to school meals. We will also ask you about your opinion on several things, including how other schools and/or school districts can also successfully meet the updated nutrition standards. This interview should take no more than 1 hour to complete. It is up to you whether you participate. If you do decide to participate, you may withdraw at any time and you may skip questions you would prefer not to answer. After we have started the interview, if you do decide to withdraw or to not answer a question, please tell me to stop the interview or skip the question.

There are no known risks or discomforts associated with participation in this study.

Although you won't receive a reward for participating in this study, the larger community will benefit through a greater understanding of both the successes and barriers schools and the food industry face after the implementation of the sodium standards.

Your privacy is important to us. Your interview has been assigned a unique code. Therefore, I will only write your unique code, not your name, on the notes from the interview. Neither your name nor any identifying information will be used in the presentation of this research to others, so no one in your community, or elsewhere, will know what you said. Your answers will never be linked to you and will be kept private to the extent permitted by law. However, there is a small risk of loss of privacy. When the study has been completed and the data have been analyzed, your information will be destroyed.

Do you have any questions about the information on the study that I just described?

[ANSWER QUESTIONS, IF ANY, AND ENCOURAGE PARTICIPATION]

Do you	agree to participate in this research study as described? Please respond with "yes" or "no."
YES	☐ Great, thank you. [PROCEED TO SCRIPT TO OBTAIN PERMISSION TO RECORD IN THE IN- DEPTH INTERVIEW SCRIPT]
NO	\square Do you have questions or concerns about me, our research, or the interview that I can answer? [IF PARTICIPANT STILL DECLINES, THANK PARTICIPANT FOR THEIR TIME AND END INTERVIEW]

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 number. The valid OMB control number for this information collection is XXXX-XXXX. It will take you, on average, 2.4 minutes to listen to this consent script.

OMB Number: XXXX-XXXX Expiration Date: XX/XX/XXXX