Appendix G:
Confirmation Email/Text Message
(initial email followed by two text messages)

(Will send by mail if participant does not have email or cell phone)

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This is a reminder about your appointment on [DAY] at xx:xx a.m./p.m. You will be asked to prepare a meal, including grilling, and participate in an interview. The cooking and interview will take up to 2 hours. You will receive a $75 gift card and a small gift for your participation.

The study will be held at [ ]. [Initial Email only:] Please see the attached map for driving directions.

[Initial Email only:] This research study is taking place during the Covid-19 pandemic. The researchers involved in this study have no symptoms of Covid-19 and have not knowingly interacted with anyone demonstrating symptoms or diagnosed as Covid-19 positive. In addition, researchers will be cleaning and sanitizing kitchen surfaces including counters, sinks, stove tops, refrigerators and trash cans, cooking equipment, and meal prep items prior to your arrival. Researchers will be wearing face masks at all times during your scheduled observation.

As a participant, you are welcome to wear your own face covering, or one will be provided for you. You must wear a face covering while participating in this research. Please do not attend your scheduled observation if:

* You knowingly interacted with someone who has been diagnosed or demonstrated symptoms of Covid-19.
* You have any symptoms of Covid-19 such as cough, fever, shortness of breath, chills, muscle pain, or new loss of taste or smell.
* You do not agree to follow all of the safety and sanitation procedures while participating in this study including wearing the appropriate personal protective equipment (face mask).

If you have questions about the study, need directions, or are unable to attend, please call me at 919‑XXX-XXXX or email me at XXXXX.

Thank you for your time and participation.

Sincerely,

TBD,

North Carolina State University

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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0583-0169 and the expiration date is XX/XX/XXXX. The time required to complete this information collection is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |