

**Appendix G: Informed Consent
for Participation in Research
During COVID-19 Pandemic**

Informed Consent Addendum Research During COVID-19 Pandemic

These research activities are 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.

Before the first focus group, all tables, chairs and other surfaces, will be sanitized using Clorox Clean-Up Cleaner and Bleach Spray (which is on EPA’s List N, Disinfectants for use against SARS-CoV-2). The researcher will spray surfaces listed above, let the spray sit for 30 seconds, then wipe down with a paper towel. After each group, the researcher will follow this cleaning and disinfecting procedure, but for **three** rounds of cleaning and sanitizing. The entry door of the room will remain open while participants are getting checked-in/situated. In between groups, the door handle will be wiped down three times after each group. Mock food packages will be cleaned and sanitized between focus groups using a Clorox wipe three times after each focus group. All cleaning and sanitizing procedures are part of the study design and the responsibility of the researcher.

The personal protective equipment that the researchers will use includes wearing disposable face masks. As a participant, you will be required to wear a face mask as personal protective equipment while participating in this research.

Participants, Please Initial

- _____ I have not knowingly interacted with someone who has been diagnosed or demonstrated symptoms of COVID-19 within the past 14 days.
- _____ I do not have any symptoms of COVID-19 such as cough, fever, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell.
- _____ I agree to follow all safety and sanitation procedures while participating in this study including wearing appropriate personal protective equipment.

I have read the above information and have had the opportunity to ask questions and have them answered. I understand my responsibility related to COVID-19 and the risks associated with being in this study as a result. I agree to participate in this research.

Participant Printed Name, Signature, and Date

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 0583-0xxx and the expiration date is 0x/xx/20xx. The time required to complete this information collection is estimated to average 1.5 hours 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.