**Appendix D3. Informed Consent for Site Director Interview**

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| --- | --- | --- |
| [https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTSSzR4fM89zKijsx9FM3cB7Oo6t4A9HMNTlKf2RTrFXexyHdEr_FcGPcjFVg](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwj5qMif8u3KAhVH1B4KHSjvCDwQjRwIAw&url=http://aphid.aphidnet.org/credits.php&psig=AFQjCNG5hGgL-D9_5lvdCT8DwXaEzVcXcg&ust=1455217628022054) |  | OMB Control No: 0584-0663  Expiration Date: xx/xx/20xx  Expiration Date: 03/31/2019 |

**WIC Nutrition Assessment and Tailoring Study**

**Site Director Informed Consent**

**Background**

Westat, along with our partners at Insight Policy Research, is carrying out the ***WIC Nutrition Assessment and Tailoring Study*** for the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). The purpose of this research study is to provide FNS with a comprehensive, detailed description of the WIC nutrition risk assessment process and the ways in which WIC sites tailor participant benefits to address the results of the assessment. We will use this information to identify best practices that promote efficient processes, effective identification of nutrition risks, and appropriate tailoring of participants’ benefits. We are asking Site Directors in 30 WIC clinics across the country to take part in our study. We would like you to help by taking part in an interview about the nutrition risk assessment process in your clinic.

**What Would I Do in the Study?**

If you agree to participate in this study, we will schedule an interview to be conducted this week at a time convenient for you. The interview includes questions about your clinic’s protocols and processes for conducting nutrition risk assessments, training of nutrition risk assessment staff, and the integration of tools and technology in the nutrition risk assessment process. The interview will take about 45 minutes.

**What Are the Risks of Being In This Study?**

There is no known risk to you for participating in this study. We will collect no personal information about you. While the final report will be available to the public, your name or any information that could be used to identify you or your clinic will not be used in it. We may use quotes from you or other participants in our reports; however, participants’ names will not be linked to any responses. Data in reports will be presented in summary form. We will assign a study ID to your information, and we will not share information linked to you with FNS, your SA or LA, or with anyone else who is not on the study staff, unless otherwise required by law.

**What Are the Benefits of Being In This Study?**

There are no direct benefits to you for taking part in this study. The information collected during the study will help FNS understand better how WIC meets the nutrition needs of its participants. They will then use this information to continue to improve WIC services for everyone.

**What Are My Rights As a Participant In the Study?**

Taking part in this study is completely voluntary. Giving consent means that you have heard or read the information about this study and that you agree to take part. You may still decide not to answer any questions we ask that you don’t want to answer. If you decide to take part in the study and then change your mind, you can stop at any time. There is no penalty for stopping your participation in the study, and it won’t affect your employment in any way.

**Who Should I Call if I Have Questions?**

If you have questions about the study itself and what we are doing, a member of our study team can help you. For those questions, please contact #NAME at XXX-XXX-XXXX.

If you have questions about your rights and welfare as a research participant, please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about (the WIC Nutrition Assessment and Tailoring Study), and a phone number beginning with the area code. Someone will return your call as soon as possible.

**By signing below, I am saying that I have heard or read the information presented here, and I agree to take part in an in-person interview for the WIC Nutrition Assessment and Tailoring Study.**

**Signature**

**Date \_\_\_\_\_\_\_\_\_\_\_**