

Additional Consent Measures Checklist

If the study team is uncertain about the potential participant's capacity to consent, this form will be reviewed with the potential participant prior to signing the consent form.

Participant ID: _____

<i>Voluntary Participation</i>	<i>Check One</i>
Do you have to participate in this research study?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
Once you have signed the consent form, do you have to stay in the study until the very end?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>Risks and Benefits</i>	<i>Check One</i>
What are the risks of being in the study?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
What are the benefits of being in the study?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>Confidentiality</i>	<i>Check One</i>
Will the information you provide to us be kept absolutely confidential?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>Samples Required</i>	<i>Check One</i>
What samples will be required from you?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>Time Required</i>	<i>Check One</i>
How long will you be enrolled in the study?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
How many interviews will you have to do?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
What will you need to do during each interview?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>Reimbursement</i>	<i>Check One</i>
Will you be paid for participating in the study?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>COVID-19 Testing</i>	<i>Check One</i>
What happens if you test positive for COVID-19?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained
<i>Questions</i>	<i>Check One</i>
If you have questions about the study, who should you ask?	<input type="checkbox"/> Clear <input type="checkbox"/> Re-Explained

CONSENT STATEMENT

I have administered the above additional consent measures to ensure that the potential participant understands the nature and purpose, the potential benefits, and possible risks associated with participation in this research study. I have answered all questions that have been raised.

X _____
Signature of Study Person
Explaining Study

Name (Printed)

Date