**Consent Form for Ways of Coping During Covid 19 Pandemic Survey, Phase 1**

**Researcher’s Name(s):** Olufunke Adegoke, PhD; Brian Gerrard, PhD; Sue Linville Shaffer, EdD; Damian Gallegos-Lemos, M.D.; Ilene Naomi Rusk, PhD; Jacqueline Shinefield, EdD, LMFT, RN; Emilia Suviala, PhD.

**Project Title: Ways of Coping During Covid 19 Pandemic Survey**

**INTRODUCTION**

You are being asked to participate in a research study. This research is being conducted by the Disastershock Research Group, a part of the [Disastershock Global Response Team](https://www.disastershock.com/how-to-join-the-glogal-response-tea) (DGRT), an international group of mental health practitioners and educators whose mission is to provide mental health support during disasters.

When you are invited to participate in research, you have the right to be informed about the study procedures so that you can decide whether you want to consent to participation. This form may contain words that you do not know. Please ask the researcher to explain any words or information that you do not understand.

You have the right to know what you will be asked to do so that you can decide whether or not to be in the study. Your participation is voluntary. You do not have to be in the study if you do not want to. You may refuse to be in the study and nothing will happen. If you do not want to continue to be in the study, you may stop at any time without penalty or loss of benefits to which you are otherwise entitled.

**WHY IS THIS STUDY BEING DONE?**

The purpose of this research is to identify effective ways of coping with the Covid 19 pandemic.

**HOW MANY PEOPLE WILL BE IN THE STUDY?**

 About 180 persons in 20 different countries.

**WHAT AM I BEING ASKED TO DO?**

You will be asked to participate in a 30 minute interview in which you will be asked to answer questions about the effect of the pandemic on you and ways that helped you to cope.

**HOW LONG WILL I BE IN THE STUDY?**

This study will take 30 minutesto complete. You can stop participating at any time without penalty.

**WHAT ARE THE BENEFITS OF BEING IN THE STUDY?**

Your participation will help us to identify best practices in coping with the Covid 19 pandemic. The results of this study will be posted on the disastershock.com website so that others may benefit from the findings.

**WHAT ARE THE RISKS OF BEING IN THE STUDY?**

There are no known risks.

**WHAT ARE THE COSTS OF BEING IN THE STUDY?**

There is no cost to you.

**WHAT OTHER OPTIONS ARE THERE?**

You have the option of not participating in this study, and will not be penalized for your decision.

**CONFIDENTIALITY**

Information produced by this study will be stored in the investigator’s file and identified by a code number only. The code key connecting your name to specific information about you will be kept in a separate, secure location. Information contained in your records may not be given to anyone unaffiliated with the study in a form that could identify you without your written consent, except as required by law.

**WILL I BE COMPENSATED FOR PARTICIPATING IN THE STUDY?**

You will receive no payment for taking part in this study.

**WHAT ARE MY RIGHTS AS A PARTICIPANT?**

Participation in this study is voluntary. You do not have to participate in this study.

**WHO DO I CONTACT IF I HAVE QUESTIONS, CONCERNS, OR COMPLAINTS?**

Please contact Dr. Brian Gerrard(brian.gerrard@wisr.edu) if you have questions about the research.

**WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?**

If you have any questions regarding your rights as a participant in this research and/or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact Dr. Karen Wall, Chair:Western Institute for Social Research Institutional Review Board (which is a group of people who review the research studies to protect participants’ rights) at karen.wall@wisr.edu.

You may ask more questions about the study at any time. For questions about the study contact

Dr. Brian Gerrard(brian.gerrard@wisr.edu).

A copy of this Informed Consent form will be given to you before you participate in the research.

We would like to use occasional quotes from the interviews to illustrate the concerns and ideas that interviewees have. There is something about being able to use an actual quote that brings alive the voice of the interviewee. Of the 70 persons interviewed we will likely only quote from about 20 and only quote small portions of the interview. No identifying data will be attached to the quote other than general information like Male or Female, Age, and Country. A quote will not be used if it has any possible information that could identify the interviewee.

Would you be willing to allow us to quote from you interview?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**SIGNATURES**

I have read this consent form and my questions have been answered. My signature below means that I do want to be in the study. I know that I can remove myself from the study at any time without any problems.

Subject Date