

Research Participant Information and Consent Form

Study Title: MI COVID Diaries, IRB Protocol #00004386

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1 . BRIEF SUMMARY

You are being asked to take part in a research study. Researchers like us have to provide a form like this to:

- Let you know about the research
- Tell you that you don't have to take part in it
- Explain any good or bad things that might happen if you take part
- Help you make the right decision about whether to join the study or not

Our study is about how the changes in daily life that were started by the COVID-19 crisis are affecting people who live in Michigan. Every week we'll send you or your parent/caregiver some questions by e-mail. You can answer some, all or none of the questions each week. If you choose to answer a question, you will use a phone, tablet or other device to record your answer, at any time of the day, on any day of the week. You'll only record your voice, and not a video. It will take you about 1-3 minutes to respond to a question. When you're ready, you or your parent/caregiver will upload your recording to our website. We think that this project will run for 1-2 years. You can keep sending your recordings during that time, or you can leave the project whenever you decide to stop. We don't think there are any bad things that could happen to you if you take part in this study. A good thing that could happen is that you might enjoy recording your thoughts. You might also enjoy reading other people's stories on the project website.

2. PURPOSE OF THE RESEARCH

From this study, we hope to learn two things. First, we want to understand how the changes caused by COVID-19 are affecting the lives of people who live in Michigan. We want to know how changes to daily habits, friendships, school, work and so on are different for different kinds of people across the state, and how people feel about them. Second, we want to know how these life changes are influencing the way that people in Michigan talk and communicate with each other.

3. WHAT YOU WILL BE ASKED TO DO

You or your parent/caregiver will complete a short online survey with some questions about you, such as your age. Then you or your parent/caregiver will sign up to receive an e-mail as often as you like. This could be every week, every two weeks, or every month. When you read the e-mail,

you'll see some questions, such as "What can you see out of your window?" and "How are you staying in touch with your friends?". You can decide not to answer any of the questions and wait until the next e-mail. Or, you can record yourself answering a question or some questions, using a phone, tablet or computer. You or your parent/caregiver will upload your recording to the project's website. You may upload as many recordings as you like, for as long as the project is running.

4. POTENTIAL BENEFITS AND RISKS

You will not directly benefit from being in this study. But you might enjoy recording your thoughts, and you will be helping researchers and students at Michigan State University to understand how a big social change affects language. There are no risks to you that we can think of.

5. PRIVACY AND CONFIDENTIALITY

Only the research team and the MSU Institutional Review Board (IRB) will have access to your name or any other information that identifies you. We will give you a codename and we will use that codename in our files for your recordings and other materials (such as a written version of what you say). We'll keep the list that links the real names and code names separate from the recordings and other materials. We'll store it on a secure server for five years. If you say anything in a recording that could identify you, we'll make a copy and remove the identifying information from it. We'll keep the original recording separate from the copy. Every week, we put some short extracts from the recordings on our website. We will only do this if you say we can in section 11 below. We do not put your name on the website or any other information that could identify you. We don't include any part of a recording on the website that could identify you. We will give copies of audio recordings and transcriptions to the Library of Michigan to be stored with other documents relating to the COVID-19 crisis in Michigan. We won't share your name, or any information that could identify you. We will remove that information from the audio recordings and transcriptions before we give them to the Library. We will only give your recordings and transcriptions to the Library if you say that we can in section 11 below. The results of this study may be published or shared with other researchers at professional meetings. We will keep your identity secret in these cases as well.

6. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

It's up to you whether you would like to take part in this research. You have the right to say no at any point, and you may change your mind and leave the study at any time. You may choose not to answer certain questions. Nothing bad will happen to you if you take any of these actions. If you want to leave the study, you can just stop sending recordings. If you want us to remove your recordings from the project website and/or from our data files, you can contact the researchers to let us know (section 10).

7. COSTS AND COMPENSATION FOR BEING IN THE STUDY:

You will receive a \$5 gift card every week if you have sent us at least 15 minutes in total of audio diary recordings. There is no limit to the number of times you can receive a gift card. Being a part of this study will not cost you anything. You will need an internet connection, and a home device (such as a smartphone, tablet or computer) on which to record yourself.

8. RESEARCH RESULTS

When this project ends, we'll e-mail you or your parent/caregiver to explain what we learned. You can also visit the project website at any time, during the project and after the project, to learn more about the results of the study.

9. FUTURE RESEARCH

Information that identifies you will be removed from the copies of audio recordings and written versions of what you say. The recordings and transcriptions could be used for future research studies or shared with another researcher for future research studies without additional informed consent from you or your legally authorized representative.

10. CONTACT INFORMATION FOR QUESTIONS AND CONCERNS

This project is being conducted by the Michigan State University Sociolinguistics Lab (co-directors: Dr. Betsy Sneller and Dr. Suzanne Evans Wagner). If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report a research-related injury, please contact Dr. Sneller and Dr. Wagner at the Department of Linguistics and Languages, 619 Red Cedar Road, Michigan State University, East Lansing, MI 48824. E-mail: sneller7@msu.edu, wagnersu@msu.edu. Telephone: (517) 355-9739.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

11. DOCUMENTATION OF INFORMED CONSENT

By clicking on the "I agree to participate" button on our [signup form](#), you indicate your voluntary agreement for you or your child to participate in this project.

Optional: By clicking the "yes" button in section 5 of our signup form, you indicate your voluntary consent for you or your child to have your anonymized story (audio and transcription) featured on our website or social media, if you are randomly selected.

- Yes, I agree to my stories/my child's stories being featured on the website.
- Yes, I am open to my stories/my child's stories being featured on the project's social media

- No, I would not like my stories/my child's stories to be featured on the website.

Optional: By clicking the “yes” button in section 5 of our signup form, you indicate your voluntary consent for you or your child to have your anonymized stories (audio and transcription) deposited with the Library of Michigan as part of their COVID-19: Save Your Story initiative.

- Yes, I agree to my anonymized stories/my child's anonymized stories being deposited with the Library of Michigan.
- No, I would not like my anonymized stories/my child's anonymized stories to be deposited with the Library of Michigan