**SMU COVID-19 PROTOCOL ADDENDUM FOR RESEARCH INVOLVING HUMAN SUBJECTS**

**PROJECT TITLE: Couples’ Health across Adulthood during COVID-19**    

**PRINCIPAL INVESTIGATOR: Stephanie J. Wilson, PhD**

This document contains important information about how to more safely complete the research study you are agreeing to participate in as we navigate the COVID-19 public health crisis. Please read this document carefully and let us know if you have any questions.

* I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization and that COVID-19 is a highly infectious, life threatening disease and may be contracted from various sources.
* I understand that by participating in in-person research interactions, I am assuming the risk of exposure to COVID-19 (or other infectious diseases).
* To participate in in-person interactions related to research, I agree to take certain precautions which will help keep everyone, including me, my family, research staff, and other participants, safer from exposure, sickness, and possible death. These safeguards are listed below. I understand that if I do not adhere to these safeguards, it will result in suspension of my participation in this research.
  + Wearing a mask at study visits when study personnel are in the room
  + Keeping a 6-foot distance from experimenters during the visits when possible
  + Reporting any COVID-19 symptoms and exposure in a prompt and accurate way prior to scheduled study visits
  + Avoiding high-risk situations prior to study visits, such as social gatherings that do not involve physical distancing or wearing a mask
* I understand that if I am exhibiting symptoms of respiratory illness and / or a fever of 100.4 °F or higher, or have been exposed to COVID-19 in the past 14 days, or have received a positive COVID-19 test in the past 14 days, I must not attempt to participate in any in-person research interactions.
* I understand that research staff will suspend the in-person research interaction immediately if I am showing symptoms of COVID-19, or if have been exposed to COVID-19 or received a positive COVID-19 test in the past 14 days.
* The research staff will record the time, date, and duration of all interactions among researchers and participants for contact tracing purposes. If this interaction has to be reported to government officials, only the minimum information necessary will be provided and details about the reason(s) for the interaction will be kept to a minimum.

This form does not replace the informed consent form you signed agreeing to participate in the research study. All information contained in the original consent form that you signed is still true and remains in effect, except as may be modified by this Addendum. This document provides information you should consider while participating in the research so long as COVID-19 remains a significant threat. The SMU IRB, which provides oversight for research involving people, has implemented new guidelines regarding the resumption of research during the COVID-19 pandemic. This document will be in effect until the SMU IRB deems the threat of COVID-19 to be minimal. You may view these guidelines at

https://www.smu.edu/Research/ResearchServices/ResearchCompliance/Human/COVID.

Your participation in this research study is voluntary. You may withdraw from the research now or at any time without penalty or negative consequences.

If you have any questions or concerns about this information, contact the principal investigator Dr. Stephanie Wilson at sjwilson@smu.edu.

**Statement of Person Obtaining Consent**

I have explained to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the additional information regarding this research project. They have been encouraged to ask questions related to taking part in the research project, and they wish to participate / continue participating in the project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date and Time

**Confirmation of Consent by Research Subject**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has explained to me the additional information regarding this research project. I have read (or have had read to me) this Addendum. I have been given a chance to ask questions about this new information. I believe that I have enough information to make my decision. I agree to participate in this research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date and Time