



## **Important Information about Research Visits during COVID-19 and Symptom Screening Questionnaire**

The University of New England and its Institutional Review Board places the highest priority on the safety and protection of research participants. If you are considering whether to participate in an in-person study visit, it is important to understand that your study participation may include increased travel outside of your home and increased exposure to other members of the public, which may increase your risk of exposure to COVID-19. Because of this, the University is providing the following information to you regarding COVID-19 and what you may expect during your study visit.

### **General Information about COVID-19**

- COVID-19 is a respiratory virus spread mainly from person-to-person. It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it, and then touching their mouth, nose, or eyes.
- Current ways to minimize the risk of exposure to COVID-19 include physical distancing (maintaining at least 6 feet of space from other people), proper hand hygiene, and disinfecting surfaces that are frequently touched by other people.
- According to the CDC, some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die. People at increased risk for severe illness are adults over the age of 65 and people with certain underlying medical conditions, as set forth in contemporary CDC guidance. Please tell the research staff during your remote screening if any of these apply to you.

### **What you can expect during your Research Visit**

- You are encouraged to come to the study visit alone, if possible.
- Within 24 hours before your study visit, you will be screened for symptoms of COVID-19 and asked a few questions about recent contact with other people and any recent travel you may have done.
- When you arrive for your study visit:
  - You will be asked to show the research staff your COVID-19 vaccination card to verify that you are fully vaccinated. You will also be asked to sign the UNE vaccination confirmation form. If you are unable to confirm that you are fully vaccinated, then you will be required to wear a mask for the duration of the study visit.
  - You will be screened for symptoms of COVID-19 again.
  - All study visit areas will have University-approved hand sanitizer available in the area that you are encouraged to use frequently.
- The research staff may be wearing personal protective equipment (PPE) such as masks, gloves, face shield, and eye protection.
- The research staff will maintain at least 6 feet of physical distance from you whenever possible. Additionally, there may be a barrier (such as plexiglass) between you and the research staff.

- The University is following all current State and Federal guidelines for cleaning rooms and equipment between each study visit.

## Symptom Screening Questionnaire

	YES	NO
<p>1. Have you or anyone else in your household had any of the following symptoms in the last fourteen (14) calendar days that were not diagnosed as something other than COVID-19, even if they were mild?</p> <ul style="list-style-type: none"> <li>• Shortness of breath or difficulty breathing</li> <li>• Chest pressure</li> <li>• Cough</li> <li>• Temperature exceeds 100.4 F when measured with a household thermometer</li> <li>• New loss of smell or taste</li> <li>• Sore throat</li> <li>• Muscle pain</li> <li>• Headache</li> <li>• Congestion or runny nose</li> <li>• Nausea or vomiting</li> <li>• Diarrhea</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Have you or anyone else in your household tested positive or been diagnosed with COVID-19 at any time?</p> <p>If so, when?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you had close contact (within 6 feet for 15 or more minutes) with anyone outside your home who has a confirmed COVID-19 diagnosis or COVID-19 symptoms within the last 14 days?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Are you currently waiting for the results of a COVID-19 test?</p>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I understand the above information regarding COVID-19 and my study visit, and agree that I have answered the Symptom Screening Questionnaire truthfully and to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_