

#### **Consent Form**

#### **Consent to Participate in Research for Parent/Caregiver**

Study Title: Gardenroots: The Nevada City, CA Garden Project
Sponsored By: California Breast Cancer Research Program – University of CA
Principal Investigators: Monica Ramirez-Andreotta, MPA, PhD (University of Arizona),
Joanne Hild, MS (Sierra Streams Institute), Peggy Reynolds, PhD (University of California,
San Francisco)

This is a consent form for research participation. It contains important information about the human research part of the study and what to expect if you decide to participate.

## Why is this study being done?

The goals of this human research are to determine:

- 1) what the outcomes are of research projects that involve members of the public in some or all steps of the scientific method,
- 2) how to successfully report environmental monitoring data back to communities to address environmental health concerns.
- 3) participants' gardening practices in preschools, and/or
- 4) what and how much locally grown food is consumed by the family and preschool children.

# What will happen if I take part in this study?

As part of this study, you will be asked to complete all or just some of the activities listed below:

- 1) Survey about your child's participation in gardening behavior and consumption patterns
- 2) Participation in environmental sampling of water, soil, dust and produce from your child's preschool garden
- 3) A food frequency questionnaire and 24 hour dietary recall

## How long will I be in the study?

1) The survey about your child's participation in gardening activities will take about 20

minutes.

- 2) Your participation in environmental sampling in your child's preschool garden will involve a training session of 1-2 hours and approximately 30 minutes collecting garden samples.
- 3) The food frequency questionnaire and 24-hour dietary recall take an average of one hour.

### How many people will take part in this study?

Gardenroots in CA will work with up to 30 families.

#### Can I stop being in the study?

**Your participation is voluntary.** You may refuse to participate in this study, or to participate in any of the aspects of this study. If you decide to take part in the study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you and you will not lose any of your usual benefits. Your decision will not affect your future relationship with The University of Arizona, Sierra Streams Institute or the University of California, San Francisco.

What risks, side effects or discomforts can I anticipate from being in the study? There is no expected research-related injury (i.e. physical, psychological, social or otherwise) associated with the human research component of the study.

#### What benefits can I expect from being in the study?

There are no direct benefits from participation. You may or may not benefit as a result of participating in the human research portion of the study. However, the knowledge gained by this study related to citizen science, environmental health, environmental communication, and individual gardening practices may inform future research studies and community activities and protect human health.

# What other choices do I have if I do not take part in the study?

You may choose not to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you decide you do not want to participate in the human research, you may still participate in the citizen science environmental monitoring portion of the project.

# What are the costs of taking part in this study?

Participant – You may have to pay for gas to travel to drop off environmental samples. You may also have to drive to attend community gatherings and data sharing events. This is the only anticipated cost that you may incur through the participation in the research.

# Will I be paid for taking part in this study?

No, you will not be paid for your participation.

## Will my study-related information be kept confidential?

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. In this

study, any record that includes your name, phone number, street address or email address will be kept in locked filing cabinets and access to these records will be restricted to researchers involved in the study. You will not be identified in any articles or reports written about this project. Data will be retained for future research under IRB review.

Also, your records may be reviewed by the following groups: The University of Arizona Institutional Review Board California Breast Cancer Research Program – University of CA

#### Who can answer my questions about the study?

For questions, concerns, or complaints about the study you may contact any of the study investigators:

Monica Ramirez-Andreotta by phone at 520-621-0091 or by email, mdramire@email.arizona.edu.

Joanne Hild by phone at 530-265-6090 or by email, joannehild@sierrastreamsinstitute.org
Peggy Reynolds by phone at 510-608-5180 or by email, Peggy.Reynolds@ucsf.edu

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call the office of the UCSF Institutional Review Board at 415-476-1814.

Institutional Review Boards responsible for human subjects research at The University of Arizona and the University of California, San Francisco reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

## Signing the consent form

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of participant			

# Signature of participant

# SIGN HERE

clear

Date (MM/DD/YYYY)		
Гіme (XX:XX AM or PM)		
May we contact you again in the future? The data you provide might lead to new research questions.		
O Yes		
O No		
What is the best way to contact you in the future?		
□ Email		
Phone		
□ Mail		

## **Site Questions**

Which school are you completing this garden description survey for?
Are any playground, benches, and/or picnic equipment made with wood treated with a pesticide/preservative called chromated copper arsenate (CCA, to prevent rotting in lumber designed for outdoor use)?
If yes, please list specific locations.
O No
O I don't know
O Yes
Within the last 5 years, have you seen any completed major outdoor school/facility projects?
If yes, what and when?
O No
O I don't know
O Yes

Is this school/facility located near (less than 5 miles) a lead-producing industry (such as a battery

plant, smelter, radiator repair shop, or electronics/soldering industry?)
If yes, please list industry:
O No
O I don't know
○ Yes
Is this school/facility located near (less than 10 miles) an active mining site?
If yes, please list industry:
O No
O I don't know
○ Yes
Is this school/facility located near (less than 10 miles) a legacy/inactive mining site?
If yes, please list industry:
○ No
O I don't know
Vac

ls th	nis school/facility located near (less than 10 miles) any commercial agriculture?
If ye	es, please list:
0	No
$\circ$	I don't know
$\circ$	Yes
com	his school/facility located near (less than 10 miles) any land that was used in the past for imercial agriculture? es, please list:
	No
	I don't know
	Yes

Is this school/facility located near (less than 10 miles) any facility that manufactures and/or applies of

hosphate fertilizers?
yes, please list:
O No
O I don't know
O Yes
s this school/facility located near (less than 10 miles) any facility waste incineration and disposal acility?
yes, please list:
O No
O I don't know
O Yes
s the school/facility located within two blocks of a major roadway, freeway, elevated highway, or other ansportation structures?
yes, please list roadway, highway, etc.:
O No
O I don't know
O Yes

Are	nearby buildings or structures being renovated, repainted, or demolished?
lf y∈	es, to the best of your knowledge, what is going on?
0	No
$\bigcirc$	I don't know
0	Yes
ls th	nere deteriorated paint on outside fences, garages, play structures, railings, building siding dows, trims, or mailboxes?
lf ye	es, where on the property?
0	No
$\circ$	I don't know
0	Yes

Are there visible paint chips near the perimeter of the house, fences, garages, play structures?

If yes, where on the property, and are the visible w	ood chips near the garden?
○ No	
O I don't know	
O Yes	
Is smoking allowed on school/facility property?	
O No	
O I don't know	
O Yes	
Do people smoke near garden?	
O No	
O I don't know	
O Yes	
Does any of the following Occupational/Hobbies of all that apply.	ccur near the school/facility garden? Please check
Paint removal (including sandblasting,  scraping, abrasive blasting, sanding, or using a heat gun or torch)	g □Making batteries
□Chemical strippers	Painting
Remodeling, repairing, or renovating  homes/buildings, or tearing down buildings or metal structures	□Salvaging metal or batteries
Plumbing	☐Making or splicing cable or wire

☐Repairing radiators	UCreating explosives or ammunition
☐ Melting metal for reuse (smelting)	☐ Making or repairing jewelry
☐Welding, burning, cutting, or torch work	☐ Making pottery
☐ Pouring molten metal (foundries)	☐Building, repairing, or painting boats
□Auto body repair work	□None to report
☐Working at a firing range	
Soil and Gardening Activities at School	
How often do you plant a vegetable gar	den at the school/facility?
O I plant one every year	
O Every other year	
O This is my first year	
O I don't know	
How long has the school/facility been vegetable	gardening?
O-2 years	
O 3-5 years	
O 6-8 years	
O 8+ years	
O I don't know	
How long have you been gardening at this locati	on?
<ul><li>0-2 years</li><li>3-5 years</li></ul>	
O 6-8 years	
0 8+ years	
O I don't know	
_ 1 0011 0101011	

Did you add nutrients or amendments to the garden this year?	
If yes, please list what you will be adding to your garden.	
○ No	
O I don't know	
○ Yes	
How often do you add nutrients/amendments/fertilizers?	
C Every season (Summer, Fall, Winter, Spring)	
Once a year	
O Every other year	
O 2+ years	
O I don't know	
Do you do anything to control pests in the garden?	
If yes, please list what you will be adding to your garden.	
O No	
O I don't know	
O Yes	

What water source(s) do you use to irrigate the crops (select all that apply)?
☐ Grey water
□ Tap water
☐ Private well water
□ I don't know
Other:
Do you know about the historical uses of the garden? Do you know what was there before?
O Yes
O No
How did you learn about it?
Do you want more information about it?

Yes
O No
Who should be responsible for the safety of residential soils and gardens? (check all that apply)
☐ Gardener/Farmer
☐ Garden Coordinator
□ City (example: Nevada City)
County level Department of Health
☐ State (ex. Department of Environmental Quality)
☐ Tribal Environmental Protection Agency
☐ Federal (ex. Environmental Protection Agency)
□ Other
Potential exposures
On average, how long (hours) are you in the school garden, per week?
O 0-3
O 4-6
O 7-9
O 10-12
○ 12+
O I do not participate in gardening activities

On average, how long (hours) are the students in the school garden, per week?

O 0-3
O 4-6
O 7-9
O 10-12
O 12+
O I don't know
When do you typically grow the vegetables in the school garden (check all that apply)?
□ Summer
□ Fall
□ Winter
□ Spring
Do you or other staff have a designated set of clothes and shoes for gardening use only?
O No
O Yes
O I don't know
Do the students have a designated set of clothes and shows for gardening use only?
O No
O Yes
O They do not participate in gardening activities
O I don't know
Do you take any actions to avoid tracking soil into your classroom? If yes, explain.

$\cup$	No
0	don't know
$\circ$	Yes
Wha	t do you grow in the garden beyond what <i>Gardenroots</i> has supplied? Select all that apply and se list within each category.
	_eafy
	Root
	-ruiting plants (e.g. tomatoes, peppers):
	Other

Only produce supplies by <i>Gardenroots</i>
How much produce do you use from the garden for school meals (breakfast, lunch, snack, etc.)?
O Less than 25%
O 25% to 50%
○ 50% to 75%
○ 75% to 100%
O I don't know
O I do not use any garden produce for school meals
Based on the produce used for school meals, on average, how much do the students eat from the garden per day?
garden per day?
garden per day?  O 1-6 times per year
garden per day?  O 1-6 times per year  O 7-11 times per year
garden per day?  O 1-6 times per year  O 7-11 times per year  O 1 time per month
garden per day?  1-6 times per year  7-11 times per year  1 time per month  2-3 times per month
garden per day?  1-6 times per year  7-11 times per year  1 time per month  2-3 times per week  1 time per week
garden per day?  1-6 times per year  7-11 times per year  1 time per month  2-3 times per month  1 time per week  2 times per week
garden per day?  1-6 times per year  7-11 times per year  1 time per month  2-3 times per month  1 time per week  2 times per week  3-4 times per week

On average, do you w	ash the following types of veg	etables:					
	Yes	No					
Leafy	0	0					
Roots	0	0					
Fruiting	0						
Do you or other staff s	hare your school garden produ	uce?					
O Yes							
O No							
Who else eats the pro-	duce grown from the garden?	(select all that apply)					
☐ Children							
□ Family							
□ Friends							
□ Neighbors							
Other:							
☐ No one else eats the	produce grown from the garden						
Do children take home	e produce from the school gard	den?					
O No							
O Yes							

Do you curre	ently talk to	others abou	t soil, water o	r other env	/ironmental to	opics?
If yes, please	e list whom	(neighbors, f	family, town o	fficials).		
O No						
O I don't kno	OW					
O Yes						
boards?		g to any com	munity organi	izations, gr	roups and/or	advisory
If yes, please	e list.					
O No						
O I don't kno	OW					
O Yes						
			12			
End of Survey  How easy wa			te?			
Extremely easy	Moderately easy		Neither easy nor difficult	Slightly difficult	Moderately difficult	Extremely difficult

How likely are you to participate in future gardening practice surveys?

Extremely	Moderately		Neither likely	Slightly	Moderately	Extremely
likely	likely	Slightly likely	nor unlikely	unlikely	unlikely	unlikely
$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$

Survey Powered By Qualtrics