WAIVER OF DOCUMENTATION OF CONSENT SCRIPT

Protocol Title: Personality traits related to stress and development of PTSD-like symptoms during the COVID-19 pandemic

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KEY INFORMATION

The information in this section is intended to be an introduction to the study only. Complete details of the study are listed in the sections below.

The study you are being asked to participate in is a comprehensive psychological battery of questions designed to help researchers understand the feelings, emotions and behaviors that may lead to anxiety and negative feelings about one's health during the COVID-19 pandemic. You will be asked to answer several questions about your health, feelings and emotions over the next two years in a series of online surveys. This data will be collected by a user-friendly, secure online application. We will ask you once a month to provide answers to similar questions in follow-up surveys.

The main risks are feeling uncomfortable about answering questions and that information may become known to people outside of the study. You will not benefit directly from being in the study and there is no payment for participation.

There are no direct benefits to you for your study participation. There will be no costs to you for your participation, aside from the time you put into the study.

PURPOSE

You are being asked to take part in a research study. This research is being done to learn how the novel coronavirus COVID-19 is impacting community mental health. This study is designed to discover the personality traits, emotions and feelings which determine how people react emotionally to the COVID-19 pandemic and various restrictions on public gathering that states in the United States has imposed.

PROCEDURES

If you agree to be in this study, we will ask you to do the following things:

- You will be asked to answer numerous questions about your preferences, feelings and emotions. You will be asked about your thoughts and beliefs regarding the COVID-19 pandemic. You will be asked to answer questions about your financial situation, zip code, home life and any medical conditions. You may choose not to answer any one of these questions and continue to participate in this study. The initial survey will take you about 60 to 120 minutes to complete.
- At the end of the first survey, you will be asked to provide your email address. If you provide your email address, we will send you monthly emails to ask you to fill out follow-up surveys. These monthly follow-up studies will take you about 30 to 45 minutes.
- You will be in this study for up to two years.

RISKS/DISCOMFORTS

Questionnaires
You may get tired or bored when you are completing questionnaires. You do not have to answer any question you do not want to answer. You may feel uncomfortable answering some of the questions about your feelings or behavior.

Identifiable private information
There is the risk that information about you may become known to people outside this study.

BENEFITS
There is no direct benefit to you from being in this study.

If you take part in this study, you may help others in the future.

VOLUNTARY PARTICIPATION
You do not have to agree to be in this study. If you do not want to join the study, it will not affect your care at Johns Hopkins.
If you do not join, your employment/education at Johns Hopkins will not be affected.

You can agree to be in this study now and change your mind later. If you wish to stop, please tell us right away. Leaving this study will not stop you from getting regular medical care.

IDENTIFIABLE INFORMATION IN FUTURE RESEARCH
We may use the information or biospecimens collected through this study for future research including research with external collaborators. Generally, when sharing information or biospecimens for future research we will take precautions to remove any information that could identify you (like your name or medical record number) before sharing.

HIPAA DISCLOSURE
We will collect information about you in this study.

People at Johns Hopkins who are involved in the study or who need to make sure the study is being done correctly will see the information.

People at Johns Hopkins may need to send your information to people outside of Johns Hopkins (for example, government groups like the Food and Drug Administration) who need to make sure the study is being done correctly.

These people will use your information for the purpose of the study.

Your Authorization for the collection, use, and sharing of your information does not expire. We will continue to collect information about you until the end of the study unless you tell us that you have changed your mind. If you change your mind and do not want your information to be used for the study, you must contact the Principal Investigator by using the contact information

provided in this document. Your cancellation will not affect information already collected in the study, or information that has already been shared with others before you cancelled your authorization.

We try to make sure that everyone who needs to see your information uses it only for the study and keeps it confidential - but, we cannot guarantee this.

CONTACT INFORMATION:
If you have any questions about this study, please feel free to contact the Principal Investigator Fred A. Lenz at 410-955-2257.

The IRB can help you if you have questions about your rights as a research participant or if you have other questions, concerns or complaints about this research study. You may contact the IRB at 410-502-2092 or jhmeirb@jhmi.edu.