



PROSPECTIVE AGREEMENT/CONSENT FOR:
[Connecticut Grocery/Wine Preferences Study](#)

Faculty Advisor/Principal Investigator's Name, Phone Number, E-mail address: Dr. Kimberly Rollins, 860-486-, Kimberly.rollins@uconn.edu

Study Sponsor: UConn Zwick Center and Connecticut Food Association

You are being asked to be a participant in a research study. The purpose of this study is to better understand Connecticut consumer preferences for wines and local foods available in grocery stores. If you agree to be in this study, your part will involve answering a series of questions about your preferences and habits regarding shopping for and consuming grocery items and alcohol. It should take about 15 minutes to complete. If you agree to be in this study, there are no foreseeable risks to you, above those that you experience in your daily life.

There is no direct benefit to you by participating in this study, however, you may benefit by being in this study by informing purchasing decisions in local grocers. The results of this study will indirectly benefit the scientific field by adding new information about the topic being studied.

By participating in this study, you will have the option to be entered into a raffle where you will have a chance to win one of ten visa gift cards ranging in value from \$25-500.

We will make every effort to protect the confidentiality of study information that identifies you, but we cannot guarantee total confidentiality. Study records will be kept [separately from any personal identification information](#). Data will be collected using the Internet; no guarantees can be made regarding the interception of data sent via the Internet by any third party. Confidentiality will be maintained to the degree permitted by the technology used. Your information will be viewed by the study team and other people within UConn who help administer and oversee research. If information from this study is published or presented at scientific meetings, your name and other identifiable information will not be used.

Please contact the Kimberly Rollins if you have any questions about the study, or if you believe you have experienced harm or injury because of being in this study.

In addition, for any questions about your rights as a research participant, please contact the UConn IRB Office at irb@uconn.edu or at (860) 486-8802.

Your participation in this research study is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time without any penalty. Withdrawal or refusing to participate will not affect your relationship with UConn in any way.

Consent Agreement:

If you "I accept" it means that you read this consent form and agreed to participate in this study.