Official Title: "MindFOODness: Exploring the impact of Mindfulness on Sustainable Food Choices, A Randomized Controlled Pilot Trial."

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INFORMED CONSENT FORM

Title of the research:
MindFOODness: Exploring the impact of Mindfulness on Sustainable Food Choices, A Randomized Controlled Pilot Trial
Version 1.0 dated July 07, 2024

Principal Investigator:
Prof. Simona Bo
Associate Professor, Department of Medical Sciences, University of Torino
Clinical Nutrition and Dietetics Unit.

Study Site:
University of Torino

I, the undersigned _____

Born in _____ on _____ Address_____
_____
Phone_____email_____

DECLARE

- that I do not have acute or chronic diseases, intolerances or allergies that require specific dietary restrictions;
- that I am not following specific dietary guidelines for health or professional reasons (e.g., professional athletes);
- that I do not suffer and have never suffered from eating disorders;
- that I follow an omnivorous diet;
- that I am not pregnant and not currently trying to become pregnant;
- that I make my own decisions regarding my food choices;
- that I voluntarily agree to participate in the study;
- that I have received comprehensive explanations from the researchers regarding the request to participate in the study, in particular about its aims and procedures;
- that I have had sufficient time to carefully read, understand and, if necessary, request clarification regarding the contents of the attached information sheet, which I have signed to acknowledge having read it and which confirms what has been explained to me verbally, in particular that the study will be conducted in accordance with international ethical codes;
- that I have had the opportunity to ask questions and that I have received satisfactory answers regarding the study: *MindFOODness: Exploring the Impact of Mindfulness on Sustainable Food Choices, A Randomized Controlled Pilot Trial*;

- that I have been informed about the possible reasonably foreseeable risks or discomforts;
- that I consent to the researchers informing my general practitioner;
- that I consent to monitors, auditors and national and international regulatory authorities having direct access to my clinical documentation for monitoring and verification purposes;
- that I understand that participation is voluntary and that refusing to participate will not affect my access to the most appropriate treatment;
- that I may withdraw from the study at any time without any negative consequences for receiving the most appropriate treatment and without the obligation to provide a reason, unless the withdrawal results from the onset of disorders or undesirable and/or unexpected effects, in which case I undertake to promptly inform the investigators of their nature and extent;
- that clinical data will remain strictly confidential and will be used only for the purposes indicated in the study (GDPR, EU Regulation No. 2016/679, Legislative Decree No. 101/2018 and according to the Guidelines of the Italian Data Protection Authority regarding the processing of personal data in clinical drug trials);
- that I will be informed of any new data that may influence risks or benefits, or of any protocol changes that may affect them;
- that I have been informed that I have the right to access the documentation concerning me and the evaluation expressed by the Ethics Committee, which I may contact if I deem it appropriate;
- I acknowledge that I will retain a copy of this informed consent form and related d ocuments; and that for any issues or further informationI may contact the researchers:

Dr. Valentina Ponzo
Phone: 3937059951; e-mail: valentina.ponzo@unito.it
Dr. Alessia Amistà
Phone: 3450807159; e-mail: alessia.amista@edu.unito.it

I CONSENT

I freely and voluntarily consent to participate in the study proposed to me

I also declare that I am aware of the possibility of withdrawing this consent at any time before the start of the study.

Date _____Start time of interview ___/_____End time of interview ___/____

Witnesses present (name, surname, signature):_____/_____

Participant's signature _____ Investigator's signature _____

OR

I DO NOT CONSENT

I freely and voluntarily consent to participate in the study proposed to me

I also declare that I am aware of the possibility of withdrawing this consent at any time before the start of the study.

Date _____Start time of interview ___/_____End time of interview ___/____

Witnesses present (name, surname, signature):_____/_____

Participant's signature _____ Investigator's signature _____

DECLARATION OF THE PERSON RESPONSIBLE FOR THE STUDY

I ……., confirm and certify that, in my opinion, the participant has fully understood everything explained above, point by point.

Date ……., place and time ……..….

Signature ……..…….