

Record ID of the consented patients:

Entry is made by study assistant

## Questionnaire for the patients

### As part of the participation in "Broad Consent in the Emergency Department (BC-ED)

Firstly, we would like to ask you questions about your "broad consent", its understanding and its voluntary nature:

#### 1. Did you understand everything in the patient information?

- Yes       No

#### 2. If 'no', what was the reason? (multiple answers possible)

- Too much information.
- Too long.
- I read too quickly.
- I'm not particularly interested in the content.
- The essentials were not clearly presented.
- I did not understand technical terms.
- Too little explanation.
- The language was too difficult.
- I was too excited.
- I didn't have enough time.
- Other: \_\_\_\_\_

**3a. How do you rate the educational talk on the use of your data? (multiple answers possible)**

- I would have liked a more detailed educational talk.
- The educational talk could have been shorter.
- I was given all the necessary information during the educational talk.
- All my questions were answered during the educational talk.
- I would have preferred to have been informed by a doctor.
- Unfortunately, I didn't have enough time to think about it.
- I had time to think about it and was able to ask all my questions.
- My questions were answered satisfactorily.
- I signed everything to finish quickly.
- Other: \_\_\_\_\_

**3b. Do you currently feel sufficiently informed about the scientific use of patient data?**

- Yes       No

**4a. How would you rate the educational talk on the use of your biomaterials? (multiple answers possible)**

- I would have liked a more detailed educational talk.
- The educational talk could have been shorter.
- I was given all the necessary information during the educational talk.
- All my questions were answered during the educational talk.
- I would have preferred to have been informed by a doctor.
- Unfortunately, I didn't have enough time to think about it.
- I had time to think about it and was able to ask all my questions.
- My questions were answered satisfactorily.
- I signed everything to finish quickly.
- Other: \_\_\_\_\_

**4b. Do you currently feel sufficiently informed about the scientific use of biomaterials?**

- Yes       No

**5. What is the reason or motivation for your consent? (multiple answers possible)**

- General support for research.
- Help for future patients.
- Own advantages through research.
- Feeling of connection with future patients.
- Gratitude towards the staff providing care.
- Hope for own advantages.
- On the recommendation of other people.
- Fear of poorer treatment if consent is not given.
- No specific reasons.
- Other: \_\_\_\_\_

**6. Have you already participated in a study in the field of medical research?**

- Yes       No

**7. Has anyone you know well or a member of your family ever taken part in a medical research study?**

- Yes       No

**8. Do you work in the healthcare sector?**

- Yes       No

**8a. If 'yes', in which area?**

- Medical doctor.
- Healthcare professionals (e.g. nurses, therapists, paramedics).
- Staff not directly involved in patient care (e.g. administrative staff, medical technicians, scientists, IT staff).

**9. Did you have sufficient time to consider the decision to give consent?**

- Yes       No

**10a. Did you understand the content of the consent before you decided to give your consent?**

- Not at all.
- Rather not.
- Yes, mostly.
- Yes, completely.

**10b. Did you feel that the benefits of taking part in this study were explained to you?**

- Not at all.
- Rather not.
- Yes, mostly.
- Yes, completely.

**10c. Did you feel that the inconveniences and risks of taking part in this study were explained to you?**

- Not at all.
- Rather not.
- Yes, mostly.
- Yes, completely.

**10d. Did you feel that the trial staff were available and willing to answer any questions or concerns you had about the trial?**

- Not at all.
- Rather not.
- Yes, mostly.
- Yes, completely.

**10e. Were your questions and concerns answered satisfactorily by the study staff?**

- Not at all
- Rather not.
- Yes, mostly.
- Yes, completely.

**11. Were your questions and concerns answered satisfactorily by the study staff?****11a. Patient information**

- Yes, completely.
- Partially.
- Not at all.
- Not clear.

**11aII. The scope of the written patient information is...**

- Not detailed enough.
- Just right.
- Too detailed.
- I haven't read it.

**11aIII. Is the content of the written patient information written in an understandable way?**

- Overall yes.
- Mostly yes.
- Mostly no.
- Overall no.
- I have not read them.

**11bI. Information video**

- Yes, completely.
- Partially.
- Not at all.
- Not clear.

**11bII. The scope of the information video is.....**

- Not detailed enough.
- Just right.
- Too detailed.
- I haven't looked at it.

**11bIII. Is the content of the information video presented clearly?**

- Overall yes.
- Mostly yes.
- Mostly no.
- Overall no.
- I didn't watch.

**11c. Other sources of information:** \_\_\_\_\_

**12. Please indicate which modules of the 'Broad Consent' (BC) you have just consented to.**

**12a. Patient data**

- Current
- Data already available, 5 years retrospectively

**12b. Health insurance data**

- Data already available, 5 years retrospectively
- Data collected in the future, up to a further 5 years

**12c. Biomaterial**

- Current
- Samples already taken, 5 years retrospectively

**12d. Recontacting**

- For further questions
- Information about additional medical findings

**12e. I have not agreed to any of the modules because... (multiple answers possible):**

- I have not had enough time to think about it.
- I am generally not interested in donating data.
- I have concerns about privacy.
- I did not want to make this decision in the stressful medical situation of my emergency department stay.
- Other: \_\_\_\_\_

**13. If you have consented to share data relating to your current emergency department treatment, which data will this specifically include?**

- Data on my treatment in the emergency department **without** data from the possible subsequent inpatient stay.
- Data on my treatment in the emergency department **and** data from the possible subsequent inpatient stay.
- I do not know.

**14. Please use the space below to formulate your further comments on the BC or the BC-information process:**

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Part two follows on the next page.

**In the second part, we would like to collect a few more details about you:**

**S1. Age:** \_\_\_\_\_

**S2. Gender:**

- Female
- Male
- Other (Please specify your gender yourself):  
\_\_\_\_\_
- I prefer not to answer

**S3. What gender were you assigned at birth?**

- Female
- Male
- Other
- I prefer not to answer

**S4. Country of birth**

- Germany
- EU country  
If 'yes', which one: \_\_\_\_\_
- Non-EU country  
If 'yes', which one: \_\_\_\_\_

**S5a. Which language do you prefer?**

\_\_\_\_\_

- I prefer not to answer

**S5b. How well do you consider yourself to speak German?**

- Mother language
- Fluent
- Good knowledge
- A little
- I prefer not to answer

**S6. What is your highest school-leaving qualification?**

- A-levels, general higher education entrance qualification
- Advanced technical college entrance qualification, specialised secondary school entrance qualification
- Intermediate school leaving certificate
- Secondary/elementary school
- Finished school without leaving certificate
- Other qualification (e.g. obtained abroad)
- I prefer not to answer

**S7. What is your highest educational qualification?**

- University
- University of applied sciences, engineering school
- Technical school (vocational or technical)
- Apprenticeship (vocational training)
- No qualification or still in vocational training
- Other educational qualification
- I prefer not to answer

**S8. Are you currently...**

- in full-time employment
- in part-time employment
- Self-employed
- Occasionally or irregularly employed
- On parental leave / maternity leave
- Pupil and student
- Not employed
- Retired, pensioner, early retiree
- I prefer not to answer

**S9. How many people live in your household, including you?**

- Total number of people living in the household: \_\_\_\_\_
- I prefer not to answer

**S10. How many people in your household are under the age of 14?**

\_\_\_\_\_

**S11. Are you the main earner in your household?**

- Yes
- No
- I don't have an answer for that
- I prefer not to answer

**S12. What is the total monthly net income of your household?**

- Above 2500 Euro
- About 2500 Euro
- Below 2500 Euro
- I prefer not to answer

**S13. Do you have a nursing care level?**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | No                       |
| <input type="checkbox"/> |
- I prefer not to answer

**S14. What is your current marital status?**

- Single
- Divorced
- Married (living together)
- Married (living apart)
- Registered partnership (living together)
- Registered partnership (living apart)
- Widowed
- I prefer not to answer

**S15. How do you identify yourself?**

- Queer
- Lesbian
- Gay
- Bisexual
- Heterosexual
- Other sexuality
- I prefer not to answer

**S16. Where do you currently live?**

- In an apartment or house (owned, rented or with relatives)
- Assisted living (e.g. retirement apartments, retirement homes, senior residences, senior-friendly living)
- Inpatient care
- Refugee accommodation
- No permanent residence
- I prefer not to answer
- Other: \_\_\_\_\_

**Thank you very much for your participation in this survey.**

**If you have any questions or queries, please do not hesitate to contact the study team, who will be happy to assist you.**