

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?**11aI. 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:

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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.