

Supplementary Material 1: Family member survey consent script

The following text appears on the opening screens of an electronic version of the survey or a cover sheet for a paper survey. The University of Wisconsin – Madison Institutional Review Board approved this script. Some language may be altered to align with site-specific policies and procedures.

[Site Name]

Support for older adults and families in the trauma ICU

Principal Investigator: [Site PI name]; phone: (XXX) XXX-XXXX; email:

Thank you for your interest in this research study. We are studying how to improve communication between trauma ICU teams, patients, and family members so that patients and their loved ones can feel supported in the ICU. You have been asked to participate because your loved one was recently admitted to the [UNIT NAME] at [SITE NAME]. This confidential survey will take about 15-30 minutes to complete and includes questions about care your loved one received and the communication from the doctor.

Although you are not expected to benefit directly from participating in this study, your participation may benefit other patients in the future by helping us learn more about communication in the ICU. You will be paid \$20 for completing this survey, which will be given to you as [DESCRIBE INCENTIVE FORMAT: CASH, CHECK, GIFT CARD, COFFEE CARD, ETC.]

Your survey responses will remain confidential and only trained research staff will access your responses for study purposes. The information collected from you during this study will be used by the researchers and research staff of the [SITE NAME], as well as research collaborators at the University of Wisconsin-Madison and The National Institutes of Health, the study sponsor. We will keep your survey data for an indefinite period of time, meaning we have no plans of ever destroying them. Keeping data for future research is called “banking.” The banked data will be kept in a secure location for use by researchers. The data may be shared with other researchers at the University of Wisconsin-Madison and outside the university. Outside researchers may be at other universities, private companies, or other kinds of organizations. Banked data will not be shared with your health care providers or used in your or your loved one’s treatment. Because your data do not include any information that can identify you, it cannot be removed from this data set.

The study has a Certificate of Confidentiality from the National Institutes of Health. A Certificate of Confidentiality prohibits researchers from disclosing information that may identify you in a legal proceeding or in response to a legal request without your consent.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

You may have some anxiety from answering questions about the care your loved one received and your communication with medical staff. If you feel uncomfortable while filling out the survey, you may stop at any time. You may also skip any questions that you don’t want to answer. Your participation is voluntary and you may stop taking the survey at any time. Please take your time deciding if you want to

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participate. If you choose not to participate or to leave the study, your choice will not affect your or your loved one's healthcare or any services. No matter what decision you make, and even if your decision changes, there will be no penalty to you or your loved one. You or your loved one will not lose medical care or any legal rights.

This study is being conducted by [SITE PI NAME AND CONTACT INFORMATION]. If you have any questions about this study, contact [SITE RESEARCH COORDINATOR NAME, EMAIL AND PHONE NUMBER]. If you have any questions about your rights as a research participant or have complaints about the research study or study team, contact the [SITE PATIENT RELATIONS OR IRB OFFICE NAME AND CONTACT INFO].

[The following sentence will only be included on a paper, hardcopy version of this information sheet/consent script] By proceeding to the next page, you indicate your consent to participate in this study.

[The following sentence will only be included the web survey version of this information sheet/consent script] By clicking to advance to the next page, you indicate your consent to participate in this study.

[FOR THOSE COMPLETING A PAPER SURVEY, THE FOLLOWING TEXT WILL BE ON A SEPARATE PAGE TO ACCOMPANY THE INFORMATION SHEET SO THAT THEY CAN KEEP THE INFORMATION SHEET BUT GIVE THE CONTACT INFORMATION PAGE TO A MEMBER OF THE RESEARCH STAFF, IF THEY FILL IT OUT]

Thank you so much for participating in this study. There are two other optional things we'd like to ask you about:

1. Would you like us to send you updates and results from this study?
☐ Yes
☐ No
2. May we contact you about future research opportunities? We may do future studies about trauma care. We hope to improve communication in the trauma unit and your perspective is valuable.
☐ Yes
☐ No

If you answered "Yes" to *either* question above, please fill in your contact information below. Please note that your name and information will not be connected to your responses on the study you agreed to participate in today. The information you provide on this form will not be used for any other purposes. It will be kept in a locked and secure location, which only study staff can access and use. By providing your contact information, you agree that study staff can contact you for the uses described above.

Your name: _____

Mailing Address: _____

Home phone number: _____

Mobile phone number (if applicable): _____

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What's the best time of day to call you? _____

Email address (if applicable): _____

Please note: We will not send any health information via email to you but you should know that we also recommend that you do not send us anything about your or your loved one's health by email. Email is generally not a secure way to communicate about your health as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature. If you need to talk to someone immediately, please contact your loved one's medical provider's office. You do not have to provide your email address to participate in this study.

What's the best way to reach you? _____

[FOR THOSE COMPLETING A WEB SURVEY, THE FOLLOWING TEXT WILL APPEAR ON A FINAL SURVEY PAGE BUT THE SECTION WHERE THEY CAN ENTER THEIR INFORMATION WILL BE COLLECTED AFTER THEY CLICK ON A LINK TAKING THEM TO A SEPARATE FORM TO COMPLETE. THIS WAY, THEIR NAME AND CONTACT INFORMATION WILL NOT BE LINKED TO THEIR SURVEY RESPONSES]

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☐ Yes
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☐ Yes
☐ No

If you answered "Yes" to either question above, please fill in your contact information below. Please note that your name and information will not be connected to your responses on the study you agreed to participate in today.

Your name: _____

Mailing Address: _____

Home phone number: _____

Mobile phone number (if applicable): _____

What's the best time of day to call you? _____

Email address (if applicable): _____

Please note: We will not send any health information via email to you but you should know that we also recommend that you do not send us anything about your or your loved one's health by email. Email is generally not a secure way to communicate about your health as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature. If you need to talk to someone immediately, please contact your loved one's medical provider's office. You do not have to provide your email address to participate in this study.

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