

UNIVERSITY OF PENNSYLVANIA INFORMED CONSENT FORM FOR ONLINE SURVEY

TITLE OF THE RESEARCH STUDY:

A comparative effectiveness trial of strategies to implement firearm safety promotion as a universal suicide prevention strategy in pediatric primary care

PRINCIPAL INVESTIGATOR & EMERGENCY CONTACT:

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If you are not the parent or legal guardian who attended the recent well-child visit with your child, please close this consent form and forward the survey invitation message to the parent or legal guardian who attended the well-child visit.

To learn more about the study or see what questions are in the survey, please visit [LINK](#).

INTRODUCTION: You are invited to participate in this research study because your child recently attended a well-visit at Kaiser Permanente Colorado (KPCO). You are being invited to participate in a survey about topics that may have been discussed at your child's visit. The survey can be completed online on REDCap, over the phone, or via a mailed survey. The purpose of this survey is to help us understand whether firearms are discussed during well-visits and how parents feel about these discussions. It will take approximately 1-3 minutes to complete the survey. We may also contact you in the future to ask if you are interested in participating in additional activities related to this research.

To qualify for the study, you must be 18 years of age or older. You also must be a parent and/or legal guardian of a child age 5-17 who attended a well-visit recently at a participating KPCO clinic.

PARTICIPATION: Your participation in this survey is voluntary. You may refuse to take part in the research, skip specific questions, or exit the survey at any time without penalty. Your doctor will not be upset with your decision. If you decide you do not want your responses used, you can submit a written request to the research team to no longer use your survey responses and we will then destroy your responses.

BENEFITS: You will receive no direct benefits from participating in this research study. However, you may find satisfaction in sharing your thoughts on your experience at your recent well-visit.

COMPENSATION: After completing this survey, you will be entered into a drawing to receive a \$100 gift card. We will distribute 150 gift cards at KPCO over the 2.5 years of the study. You will only be

eligible to be entered into the drawing if you meet the eligibility criteria described above. The compensation will be in the form of an electronic gift card (e.g., Amazon.com).

RISKS: The possible risks of participating in this study include possible discomfort that may arise from completing the survey and loss of confidentiality, or that someone outside of the study will see your information.

CONFIDENTIALITY: All responses will be treated confidentially. We have taken steps to protect your responses. The information obtained in this survey will only be used for this project. Only authorized people on the research team and the University of Pennsylvania Institutional Review Board will have access to the information. In reports, your answers will be grouped with those of others. All data reported through REDCap, our web-based, HIPAA-compliant survey platform, will be secured using HIPAA-compliant technology and all data will be maintained on a HIPAA-compliant server.

CONTACT: If you have questions at any time about the study or the procedures, you may contact Jennifer Boggs, PhD, at Jennifer.M.Boggs@kp.org or (720) 355-7278, or Rinad Beidas, PhD, at Rinad.Beidas@Pennmedicine.upenn.edu or (215) 746-1759. If you have any questions about your rights as a human research participant at any time before, during, or after participation, please contact the University of Pennsylvania Institutional Review Board (IRB) at (215) 898-2614.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

If you are not the parent or legal guardian who attended the recent well-child visit with your child, please close this consent form and forward the survey invitation message to the parent or legal guardian who attended the well-child visit.

Agree

Disagree

**** FOR RESEARCH TEAM ONLY ****

If verbal consent was obtained from the parent/legal guardian over the phone, please complete the following:

Name of parent/guardian from whom consent was obtained: _____

Print name of person who obtained consent: _____

Signature of person who obtained consent: _____

Date: _____