

Appendix 3. Participant Consent Process



eReferral and Teachable Moment Project Tobacco Cessation Patient Survey Consent Process

Q1a. You are being asked to participate in a research study at MetroHealth about using primary care teams to assess tobacco use. Your involvement will include completing a short survey, which will take about 5 minutes. It will include questions about the way tobacco use was assessed by the medical technical assistant, nurse or doctor from your most recent visit.

This is a research study and participation is completely voluntary. You have the right to skip any questions that you do not wish to answer, or to stop your participation at any time.

All information collected on the survey is confidential and will not be shared or reported in a way that it would be possible to identify a participant. Your responses will not be shared with your doctor or nurse. Although strategies to protect the data are in place, a rare risk of breach of confidentiality exists.

Participating in the study will help researchers improve the effectiveness and patient-centeredness of tobacco cessation assistance to patients who smoke. Upon completion of this survey you will receive a \$10 gift card to Target or Amazon.

A decision to not participate in this study will not affect your medical care or result in any loss of benefits to which you are otherwise entitled. If you are an employee or student, your decision to participate or not will not impact your employment or scholarly standing.

If you have questions about any part of the study now or in the future or if you wish to communicate concerns or a complaint, you should contact the Study Coordinator who may be reached at 216-368-8908. If you have any questions about your rights as a research participant, or if you wish to express any concerns or complaints please contact the MetroHealth Medical Center's Institutional Review Board (which is a group of people who review the research to protect your rights) at 216-778-2021.

By completing this survey, you are agreeing to participate in the study. If you do not wish to participate in the study, then simply do not complete the survey. If you have already participated, we thank you. You may only participate once.

Accept / Do Not Accept

(Each participant is required to select Accept or Do Not Accept. If Do Not Accept is selected, then the following question will be displayed)

Q1b. Are you sure you do NOT want to participate in the study?

I do NOT want to participate / I would like to participate

If I would NOT like to participate is selected, the following message will be shown: We thank you for your time spent reviewing the guidelines of our study. You selected not to be included and have not been entered in our research study. Thank you.)