PSP PTSI Study

CONSENT FORM

PROJECT FULL TITLE: An Augmented Training Program for Preventing Post-Traumatic Stress Injuries Among Diverse Public Safety Personnel
PROJECT SHORT TITLES: The PSP PTSI Longitudinal Study; The PSP Study

PROJECT EMAIL: PSP.PTSI.Study@uregina.ca
Website: https://www.saskptsistudy.ca/

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CLINICAL TEAM MEMBER:	Lis Hansen, M. Ed. (Psych), R. D. Psych.

PROJECT FUNDING SOURCES: Canadian Institutes of Health Research; Regina Police Service; Saskatchewan Association of Chiefs of Police; Saskatchewan Public Safety Agency

PROJECT SPONSORS: Regina Fire and Protective Services; Regina Police Service; Royal Canadian Mounted Police; Saskatchewan Association of Chiefs of Police; Saskatchewan Association of Fire Chiefs; Saskatchewan Federation of Police Officers; Saskatchewan Health Authority; Saskatchewan Public Safety Agency; University of Regina

DISCLOSURES: The current study is being led by Dr. R. Nicholas Carleton, a Professor of Psychology at the University of Regina. The sources of funding and sponsorship of the study are listed above for transparency.

1. OVERVIEW AND BACKGROUND INFORMATION

The current consent form contains information about a research study in which you are invited to participate. The current consent form includes important information that will help you to make an informed decision about whether you wish to participate; for example: 1) why the current study is being done; 2) what you will be asked to do if you agree to participate; 3) the time commitment involved; 4) potential benefits and risks; and 5) how we will protect your privacy. You may take time to consider whether or not you wish to participate, and you are encouraged to discuss your decision with others, such as your family. Please read the information in the current consent form carefully. If you have any additional questions, please feel free to use the contact information above.

Exposure to potentially dangerous, harmful, or stressful situations can be an inherent part of the work done by Public Safety Personnel (PSP; for the current project: firefighters, paramedics, police, public safety communicators). The stressful exposures mean that PSP are more likely to experience symptoms of posttraumatic stress disorder (PTSD) or other mental health injuries than the general population. There is very limited research on the long-term relationships between symptoms of PTSD and risk factors (e.g., broadly defined as things that make enduring or recovering from stressful events more difficult) and resiliency factors (e.g., broadly defined as things that make enduring or recovering from stressful or upsetting events easier). The lack of sufficient research data makes developing effective programs to reduce risk or increase resiliency for PSP extremely difficult. The current study builds on the RCMP Study (www.rcmpstudy.ca) to extend that success to develop research data for other PSP.

We are inviting you to participate in the current study because you are a PSP who will be actively serving during the study period. The current study is being conducted by a team of researchers led by professors at the University of Regina. Leaders from diverse PSP sectors including Fire Services, Paramedics, Police Services, and Public Safety Communicators have been actively engaged in designing, approving, supporting, and deploying the current study; however, your participation is completely voluntary and **not** a requirement of your employment.

If you decide to participate, the information you provide will not be used by anyone to evaluate any part of your work.

2. PURPOSE AND PROCEDURES

2.1 Purpose of the Study

The current study is designed to test whether many different factors believed to help protect mental health despite exposures to stressful events are in fact helpful. To understand how different factors interact with mental health, researchers need to collect data at several different time points from many different people who exposed to various stressful events.

There is limited PSP research on the long-term relationships between various factors and mental health; however, there is research on such short-term relationships within the general population. The available evidence suggest that some specific factors are particularly important and may be modifiable to help manage symptoms of mental health injuries. There is also substantial research evidence that skills-based intervention programs can substantially improve mental health. Such programs are typically administered **after** a mental health injury has occurred. Someone who exercises regularly may be more resilient following a physical injury than someone who only begins to exercise after they have been injured. Similarly, having the tools to manage situations that can cause a mental health injury before such an event takes place may help to improve mental health resiliency.

The available evidence suggests that tailoring an established skills-based treatment program designed to help resolve symptoms of many different mental health injuries (i.e., the Unified Protocol) should increase participant resiliency and reduce participant risk, providing better protections for their mental health. A tailored skills-based treatment program was built collaboratively with the RCMP for integration into their Depot training program and called the "RCMP Emotional Resilience Skills Training" (ERST). That same training program was then collaboratively adapted with a team of firefighters, paramedics, police, and public safety communicators from Saskatchewan for Canada-wide delivery to many other PSP.

The current study will measure many different factors thought to be associated with PSP mental health using surveys, structured clinical interviews with a qualified Psychologist or supervised clinical trainee, as well as and physiological data before they receive the ERST, during the ERST, and for 12 months after the ERST. The research team expects the ERST will prove to be an effective way to reduce risk and increase resilience for PSP.

2.2 Procedures

A total of 200 frontline PSP will be recruited throughout Saskatchewan, Manitoba, and Ontario thanks to help from the PSP leadership teams who have been actively engaged in designing, approving, supporting, and deploying the current study. The participants will include 50 persons from each of four PSP sectors: firefighters (SK), paramedics (SK, ON), police (SK), and public safety communicators (SK, MB, ON). Participants will have approximately 5 to 11 years of experience working in their sector. If you choose to complete the training (~13 hours of training plus ~13 hours of practice) and complete all three Full Assessments (~2 hours each; details below), all of the daily surveys (~1 minute/day), the monthly surveys (~20 minutes/month), and collect the daily physiological data (~2 minutes/day), the total anticipated participation time is no more than 60 hours spread out over approximately 15 months of the study period.

Approximately five PSP leaders (staff sergeant or equivalent and higher) per sector (*n*=20) will have received specialized Public Safety Leadership Training to support the study and the participants. The leaders will have also attended a focus group prior to the ERST training to provide additional feedback related to any remaining study material, processes or logistics. A

sub-sample of frontline PSP (~8 per sector; *n*=32) will also be invited to participate in sector-specific focus groups after the ERST training. The focus groups will provide feedback on the training content and the study processes to support further tailoring. There will also be one focus group specifically for women PSP (~8 people) and one specifically for men PSP (~8 people) from across the four sectors to allow an opportunity to identify, discuss, and address gender-specific issues.

Full Assessments – Before and After ERST Training

Should you agree to participate, you will be invited to complete three "Full Assessments". The Full Assessments will be scheduled: 1) prior to receiving the ERST; 2) after receiving the ERST; and 3) 12 months after receiving the ERST. Each Full Assessment starts with a self-report survey administered by computer (~75 minutes), and is followed by a standardized structured Clinical Interview (~45 minutes), all of which is designed to comprehensively assess factors and symptoms related to mental health. The surveys will be administered through a Moodle smartphone application which is also accessible through a web-based browser. The Clinical Interviews may be conducted in person or remotely (e.g., using a secure telecommunication technology). You are not required to answer any questions that you do not wish to answer; however, the more components you complete, the more beneficial your data will be for yourself, the research study, and ultimately, all PSP members.

The clinicians conducting the Clinical Interviews will be one or two qualified Psychologists or supervised clinical trainees. All interviewers will have been granted the necessary security clearance to work with participants. All interviewers will also be bound by the Code of Ethics of the Canadian Psychological Association. The clinicians and supervised clinical trainees will protect your confidentiality during the interview. The data collected will be kept confidential.

Your individual results from the Full Assessments will not be transmitted or otherwise made available to anyone outside the PSP study team. The information you provide will not be used by anyone to evaluate any part of your work. Only aggregated summary information will be used to help the researchers understand the overall psychological profile of participants and to accomplish the goals outlined for the study.

If the research team finds evidence that you might benefit from mental health support, you will be informed and provided with information on how to access such support if you choose to access support. **PSP employers will not be provided any individual results of the research team's contact with you.**

Monthly and Daily Surveys

You will be invited to complete short "Monthly Surveys" consisting of a series of self-report questionnaires administered by computer (~20 minutes/month) to screen for mental health injury symptoms and provide you with regular feedback about your mental health. You

will also be invited to complete brief "Daily Surveys" administered by computer (~1 minute/day) to help you monitor and reflect on your experiences and activities during the previous 24 hours. Your monthly and daily survey data will be provided to you so that you can track your own mental health. We have evidence that regularly tracking your mental health, experiences, and activities can be beneficial to you personally for several reasons, including allowing you to actively engage with and support your own mental health by making changes to your activities and, if necessary, seeking help early to support faster recovery. The surveys will all be administered through the Moodle smartphone application and will also be accessible through a web-based browser. You are not required to answer any questions that you do not wish to answer; however, the more components you complete, the more beneficial your data will be for yourself, the research study, and ultimately, all PSP members.

Your individual results from the Monthly Surveys and the Daily Surveys will not be transmitted or otherwise made available to anyone outside the study team. The information you provide will not be used by anyone to evaluate any part of your work. Only aggregated summary information will be used to help the researchers understand the overall psychological profile of participants and to accomplish the goals outlined for the study.

If the research team finds evidence that you might benefit from mental health support, you will be informed and provided with information on how to access such support if you choose to access support. **PSP employers will not be provided any individual results of the research team's contact with you.**

2.3 Technological Considerations

Physiological Measurements:

Participants will also be invited to provide daily "physiological data" before, during, and after the ERST training. The research team believes that the physiological data can ultimately help to build a biological indicator of a mental health injury, which we believe may help PSP access evidence-based care earlier than ever before. Participants will be provided with the necessary device and software for submitting physiological data. The device uses Seismocardiography (SGC) to record information on heart function. The SCG records signals produced naturally by the body and there is no evidence that regular use of an SCG monitor can cause any harm. We ask that participants use the device as directed. Step-by-step instructions for using the technology and inputting data will be provided during training as well as on the website.

Participants will be asked to use the device to provide a 1-minute recording at least once per day, ideally every day, but at least 4 days per week. The data should be collected when you wake up, but before you get out of bed. Alternatively, but with less utility for the researchers, the data could also be collected after you have rested briefly in bed, but before

you go to sleep. Participants are able to collect the data more than once per day, if the participant so desires. You will be able to use this technology for the study and for your own personal activities until the research study ends, until the equipment is updated or recalled by the study team, or until you leave or are withdrawn from the study. If the device is damaged in the line of duty the research team will work to repair or replace the device for the participant.

We expect that the physiological data, associated analyses, and automated feedback will help to support your mental health and may help to support your physical health. The physiological data will also help the research team to understand the relationships between physical responses and mental health functioning.

2.4 TRAINING

Participants will receive the ERST, which we expect will further strengthen and maintain their future mental health. The skills-based interventions within the ERST have received substantial research support for improving mental health among persons in the general population who have experienced high levels of stress. Each ERST session will last approximately 1 hour and will occur as part of the Study training. There will be approximately 13 sessions in total and participants will be asked to practice and use the associated skills throughout their time during the training, while at work, and while at home. Participants will have ongoing access to the ERST materials for review and to help them practice the skills. Throughout the study, participants will also be asked questions to assess their new skill levels and to assess how often they use their new skills.

3. CONFIDENTIALITY AND PRIVACY

3.1 Ensuring Confidentiality

The study involves three Clinical Interviews that may be conducted in person, via telephone, or via video conferencing, as well as several self-report surveys and some participants may be invited to participate in focus groups or additional interviews. We recognize that participants will be asked to share sensitive information. **Your privacy is very important to us**; therefore, the study includes multiple safeguards to protect your privacy. As reviewed and approved by the University of Regina Research Ethics Board, the research study has been designed such that study team members will keep the identity of participants confidential. The clinical interviews will be conducted by clinicians who are qualified Psychologists or supervised clinical trainees, bound by professional ethical guidelines and policies, including the Code of Ethics of the Canadian Psychological Association. **All data collected as part of the study will be kept strictly confidential within the legal boundaries of consent as described below in the Limits to Confidentiality section.** The study team members will not confirm or deny your participation without your written consent.

Your individual survey results will not be transmitted or otherwise made available to anyone outside the study team. The information you provide will not be used by anyone to

evaluate any part of your work. Only aggregated summary information will be used to help the researchers understand the overall psychological profile of participants and to accomplish the goals outlined for the study. The study data will be analyzed and presented in summary fashions that do not allow individuals to be identified.

Participant data will be stored securely on Canadian servers in password protected, multi-factor authentication (MFA) enabled files within a secure facility at the University of Regina in Saskatchewan, Canada or a secure cloud environment within Canada.

Some demographic information will be requested by the study team to characterize our participants (e.g., age or employment status). If you believe providing a piece of information will allow you to be identified, you may choose not to provide that information; however, you may be asked to confirm that you do not wish to provide the information to avoid accidental omissions.

3.2 Non-Disclosure of Intellectual Property

Just as the researchers will keep your data confidential, participants are also expected to keep copyrighted and/or other intellectual property confidential. Participants are not permitted to share study resources, such as psychoeducational materials. This includes, but is not limited to PowerPoint slides, reading materials, and handouts/worksheets (e.g., PDF or Word documents).

3.3 Other Privacy Precautions

Several additional steps have been taken to ensure the confidentiality of your participation and your information. Specifically:

1) A privacy impact assessment was completed on all information gathering technology and the Saskatchewan Office of the Information and Privacy Commissioner was consulted in designing the original RCMP Study used to design the current study.
2) The study team members, including those conducting the interviews, do not include PSP.
3) During the study, the data collected will be accessible only to the study team or a qualified independent researcher for the purpose of auditing statistical assessments, but not available to PSP employers.
4) The clinicians completing the interviews will only have access to individual participant data while they are involved with the study.
5) No member of the study team will attempt to compromise your confidentiality except as required by law, and the legal limits to confidentiality.

3.4 Limits to Confidentiality

If significant evidence of a mental health disorder is identified during the scheduled assessment interviews with the study team's clinicians or clinical trainees, you will be notified that you have screened positive and you will be encouraged to access health resources through

your PSP employer, your health care system, or through a third-party provider; however, your mental health status will not be reported to your employer and you will not be compelled to access support.

In the event that a member of the study team becomes concerned that there is an imminent risk to your own safety or the safety of someone else, we may be legally required to contact you to ensure your own safety or that of others. We will attempt to discuss alternatives with you to ensure your safety or others' safety without compromising your confidentiality (e.g., by encouraging you to reach out for help on your own). In the event that the study team is still concerned that there is an imminent risk to your own safety or the safety of someone else, we may report this concern to the relevant authority (e.g., emergency services for self-harm, Ministry of Social Services for child harm).

The Zoom accounts for the University of Regina are secured and may be used to conduct the Clinical Interviews. Participants need to be aware that the Zoom servers are located outside of Canada, and Zoom stores users' names and usage data outside of Canada. Participants do not need to use their own Zoom account for the current study.

The focus group sessions will be recorded so that the data may be transcribed for analysis. The session will be recorded to the password-protected work computer of one of the researchers, *not* on a Cloud server. The video will be enabled for the meeting so that participants and researchers can see one another face-to-face; however, video files will be immediately deleted following the session; only the audio portion will be retained for transcription purposes. You may also choose to keep your video turned off during participation at your discretion. For added privacy, you may also opt to change your display name in Zoom to a pseudonym if you are not comfortable with your real name being displayed. The audio recordings will be provided to a transcription service, via encrypted transmission, and securely stored on a Canadian server; transcripts of the recordings will be provided back to the researchers in the same manner. A privacy agreement will be in place and the transcriptionists will be bound by the same privacy legislation and confidentiality requirements as the researchers.

4. SUPPORT SERVICES

The self-report surveys are not monitored in real time. In some cases, the software will provide you with a notification that your self-reported responses indicate you may benefit from accessing additional mental health support and various options may be suggested; however, in the current design of the study, there is no real-time monitoring by a human and we have prioritized your confidentiality above other considerations. In cases where you believe you need additional support, **you will be responsible for deciding to reach out to available resources to access care**.

The physiological data is not monitored by the research team in real time. In some cases, the software may provide you with heart rate notifications and indicate you may benefit from accessing additional health support and various options may be suggested; however, in the current design of the study, there is no real time monitoring by a human and we have prioritized your confidentiality above other considerations. In cases where you believe you need additional support, **you will be responsible for deciding to reach out to available resources to access care, such as your family physician**. If you do not have a family physician, the following resources are available to identify local family physicians currently accepting new patients:

Saskatchewan Health Authority, regional list of available physicians
Visit: https://www.saskhealthauthority.ca/Services-Locations/doctors-accepting-new-patients

Manitoba, Family Doctor Finder
Visit: https://www.gov.mb.ca/health/familydoctorfinder/index.html
Or call, toll free: 1-866-690-8260

Ontario, register for Health Care Connect
Visit: https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner
Or call, toll free: 1-800-445-1822

If, during analysis, the research team determines that you would benefit from additional health support, a member of the research team will contact you. This could be long after the data was collected, so you are still encouraged to seek support if you receive an automatic notification through the device.

The help desk is not available 24 hours a day, 7 days a week, and is not intended to provide mental healthcare. The staff monitoring the helpdesk are technicians who do not have clinical training and are intended to support technical or process questions. We are required to refer any participants seeking clinical help from the study team to one of the listed available resources. As such, we strongly advise you to choose one or more of the listed

available resources as your first point of contact for accessing mental health care, or a similar professional, accredited, and licensed mental health care professional.

The electronic communications through the Research Portal are not monitored in real time, are not intended to provide mental health care, and the staff monitoring the website are technicians do not have clinical training and are only intended to support technical or process questions. We are required to refer any participants seeking clinical help from the study team to one of the listed available resources. Accordingly, we strongly advise you to choose one or more of the listed available resources as your first point of contact for accessing mental health care, or a similar professional, accredited, and licensed mental health care professional.

4.1 Available Mental Health Support Resources

Access mental health treatment (for SK residents only): http://www.pspnet.ca/
Find a therapist in Canada: http://www.cpa.ca/public/findingapsychologist/
Find Suicide Crisis Resources in Canada: http://www.crisisservicescanada.ca/
Call for help 24/7 with suicide right now 1-833-456-4566

5. DATA STORAGE

5.1 Storage of Data during the Study

Data being transferred from one device (e.g., your phone) to another (e.g., the secured servers located in Canada) is protected using Transport Layer Security (TLS), which provides cryptographically secure communications between a client (such as a web browser) and the server. The TLS protocol provides both privacy and data integrity, as traffic between a website and the web browser is secured using the protocol. We employ a PKI Class 3 SSL Certificate the highest level of online trust and assurance, with a 2048 bit digital signature and 256 bit encryption.

The study data in the secured servers will reside in Canada on Canadian servers. All stored data on the servers are automatically encrypted using server-side AES-256 (Advanced Encryption Standard) encryption before being saved to disk and decrypted before data is downloaded.

5.2 Storage of Data After the Study is Over

All data for the study, including the consent form, will be presented and stored electronically. Data will be stored securely for a period of no less than seven (7) years after data collection stops and the study has been completed. Once the data is no longer needed, electronic copies will be deleted using methods that ensure that the data is non-recoverable.

Approximately one month after all the data has been collected and analyzed (e.g., in approximately 2 years), all participants will be notified that within five months their software access will be discontinued. Discontinuing access will be done as part of our effort to ensure that your confidentiality is protected and to even further reduce the risk of any possible privacy breach. The warning will also provide participants with another opportunity to export their clinical information for their own records.

Other researchers may obtain copies of the anonymized data (i.e., data that does not have any identifying information) by request, but for verification and/or research purposes only. Due to the unique nature of data and its large scope and size, the researchers may decide to conduct numerous secondary analyses of the data, but under no circumstances will the data be used or shared for commercial purposes. The PSP employers and individual PSP members will **not** have access to individual participants' responses (other than their own data, where applicable) to the individual surveys, interview responses, or physiological data (except for the Limits to Confidentiality outlined above). Results from the current study will be published in peer-reviewed journals and other academic forums, but those results will only be presented in aggregate form so that no individuals can be identified.

6. POTENTIAL RISKS AND BENEFITS

6.1 Potential Risks

Any potential risks associated with this study are expected to be minimal. The physiological measurement equipment is not expected to carry any physical risks.

Some of the survey questions are sensitive in nature and could produce some uncomfortable feelings (e.g., sadness, worry, stress). If this happens, we expect those feelings to be temporary and manageable. In the event that troublesome emotions surface and persist while answering the questions, and you would like to talk to someone about the emotions, you have access to health resources from the external professional resources listed in Section 4 of the current consent form.

6.2 Potential Benefits

The study results are expected to substantially increase our understanding of risk and resiliency factors related to symptoms of PTSD and other mental health injuries. Improved understanding of such factors is expected contribute to the development of future assessment, training, treatment, and supports for PSP mental health.

You will not be paid to participate in the study. **You will be allowed to participate in the study as part of your paid time at work.**

We cannot guarantee that there will be direct benefits to any individual participants in this study; however, we believe the following benefits are likely.

Based on all of the available research, regular monitoring of mental health and associated activities typically improves mental health; as such, a key potential benefit for all participants should be improved mental health. You will be able to answer your survey questions and review your own scores through the secured website or through the Moodle Study app. The more components you complete, the more beneficial your data will be for yourself. The data from your interviews, your surveys, and in some cases your physiological monitoring, should also provide important information allowing you to identify trends, tailor your activities, and help you to access care based on your own needs and choices. We also fully expect that your regular participation should help you to choose to access care earlier, if needed, which should mean faster recovery times for those who experience a mental health injury; however, obtaining evidence to support such anticipated benefits is a key reason for conducting the current study.

Based on all of the available research, the skills-based intervention program also typically improves mental health; accordingly, a key potential additional benefit should be improved mental health as a result of the additional skills-based training. Obtaining evidence to support such anticipated benefits is another key reason for conducting the current study.

We believe the physiological monitoring may also, ultimately, allow for physical evidence that a mental health injury has occurred, which would allow for even earlier identification of symptoms, faster access to help for future PSP members, and may help with the development of new treatment options. Obtaining evidence to support such possibilities is another key reason for conducting the current study.

7. LEAVING THE STUDY

7.1 Right to Withdraw

As with any University of Regina research study, participants have the right to refuse to answer any or all of the questions. Participants may also change their mind about participating at any time and leave the study. Participants who wish to leave the study are directed to complete the Exit Form available in the web portal. Participants who leave the study will be expected to return the physiological device. Please note that failure to complete the surveys does not constitute formal withdrawal from the study and your data will remain in the study.

You may also request that the data you have provided up until that point in time be removed and not used for future analyses or reporting. If you request your data be removed, the researchers will do so as quickly as possible, typically within 30 calendar days of receiving your request. You also have the right to download your survey results and/or physiological data summaries before they are erased. Once you have downloaded your data, you have sole responsibility for the security of your data. Please note that if your data has been made part of

a summary set of data that has already been reported, we have no way to remove your data after the summarizing and reporting has occurred.

7.2 Removal of Participants

There are certain conditions under which the researchers may need to remove a participant from the study. If you choose to participate in the current study, you understand and accept that you will be removed from the study if any of the following occur:

1) You choose not to participate in any one of the Full Assessments, recognizing that, as noted above, you may participate and still choose not to answer any or all of the questions;
2) You move away from a PSP employer in the study area;
3) You leave your PSP employer and are no longer a PSP.

7.3 Returning Wearable Technology and Support Technology

If you choose to leave the study or are removed from the study, you will be required to return all study-related technology and support technology that was provided to you. We expect the returned technology will be in good working condition (i.e., not damaged beyond what would be reasonable wear and tear from typical use).

7.4 Feedback

Please note that at any point in time you are encouraged to provide feedback to the study team that you think may help us to better serve you and other PSP in the future.

7.5 Access to Research Results

Results produced from the current data will be made available through several channels, including but not limited to summaries presented on the project website, at academic research conferences, in peer-reviewed articles and, where practical, in publicly-accessible conference formats. When new aggregated research results are made available, PSP leadership will be made aware and will be provided with details on how to access those results and encouraged to share the results with all PSP.

7.6 Questions and Concerns

If you have any questions, please feel free to ask at any time. You may contact the research team by email PSP.PTSI.Study@uregina.ca, or messaging through the Research Portal.

8. ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Research Ethics board approval

The Research Ethics Board at the University of Regina (File #2020-226) has approved the current study on May 28, 2021. If a participant has any questions or concerns about their rights or treatment as a research participant, they may contact the Chair of the University of Regina

Research Ethics Board at 1-306-585-4775 (out of town participants may call collect) or by e-mail: research.ethics@uregina.ca.

CONSENT:

Checking the yes box below indicates that you:

1) **have read and understand the description of the study provided;**
2) **have had an opportunity to ask questions and those questions have been answered;**
3) **understand you can receive a copy of this Consent Form for your own records;**
4) **agree not to share or disclose copyrighted material and/or other intellectual property (e.g., educational materials);**
5) **consent to participate in the current study.**

By continuing to submit the self-report surveys, participate in the interviews, and/or use the provided technology, your ongoing free and informed consent is implied and indicates that you understand the above conditions of participation in the current study. Please note that a copy of this consent form will be available in the web portal.

☐ Yes, I understand, wish to participate, and am ready to proceed

☐ No, I do not wish to participate

Thank you for your interest and participation.