PATIENT INFORMATION SHEET - Information for Research Participants

(Version 1.0, Date 03/07/2026)

Study title: Assessment of Acute Stress in Trauma Patients in Triage Categories 3-5 in the Emergency Department

Dear Patient,

We invite you to participate in a study being conducted among patients who have come to the Emergency Department because of an injury.

The aim of this study is to better understand what causes patients the most concern immediately after an injury. We would like to find out how stressed patients are and whether the main causes of stress are pain, fear regarding the severity of the injury, the possibility of surgery, uncertainty about treatment, concerns about family, children, work, finances, or something else.

Why have you been invited?

You have been invited because you came to the Emergency Department because of a traumatic injury and, according to the triage assessment, you are in category 3, 4, or 5.

What does participation involve?

If you agree to participate, we will ask you to complete a short questionnaire. The questionnaire takes approximately 5 to 10 minutes.

If you are admitted to the hospital, we may ask you to complete another short questionnaire the following day.

Is participation voluntary?

Yes. Participation is entirely voluntary. If you do not wish to participate, your treatment will not be changed in any way.

You may decline to participate or withdraw at any time without giving a reason.

Are there any risks?

The study does not involve any additional medical procedure. Some questions about stress, fear, or concerns may cause discomfort. If you do not wish to answer a question, you may skip it.

Are there any benefits?

Participation may not provide you with any direct benefit. However, the results of the study may help us better understand the needs of trauma patients and improve care in the Emergency Department.

Confidentiality of data

Your data will be handled confidentially and in pseudonymized form. This means that your responses will be assigned a code, and your first and last name will not be used in the analysis or publication of the results.

Contact

If you have any questions about the study, you may contact a member of the research team:
Investigator name: Assistant Professor Gabriela Katharina Pomper, MD, PhD
Department: Department of General Surgery
Telephone: 034/254-405

Study title

INFORMED CONSENT FORM

Assessment of Acute Stress in Trauma Patients in Triage Categories 3-5 in the Emergency Department

I, the undersigned, confirm the following:
1. I have read the patient information sheet or it has been explained to me verbally.
2. I understand the purpose of the study.
3. I understand that my participation is voluntary.

4. I understand that I may decline to participate or withdraw at any time without any consequences for my treatment.

5. I understand that completing the questionnaire takes approximately 5 to 10 minutes.
6. I understand that I may skip any question I do not wish to answer.
7. I understand that my data will be handled confidentially and in pseudonymized form.
8. I have had the opportunity to ask questions and have received answers that I understand.

By signing below, I consent to participate in this study.
Participant name: _____
Date of birth: _____
Participant signature: _____
Date: ____ / ____ / _____

Investigator name: Assistant Professor Gabriela Katharina Pomper, MD, PhD
Investigator signature: _____
Date: ____ / ____ / _____