# INFORMED CONSENT

## Title of the study

Effectiveness of a digital psychoeducational intervention for young adults with fertility related distress following cancer diagnosis: A randomized controlled trial


**Research team:**

Nurul Huda

Malissa Kay Shaw

Made Satya Nugraha Gautama


**Date of the document**

2 July 2026

# REQUEST TO BECOME A PARTICIPANT

Dear Sir/Madam, Prospective Study Participant
In Place

Respectfully,

The undersigned is a lecturer at the Faculty of Nursing, Universitas Riau (FKP UR) Pekanbaru:

| | |
|---|---|
| Name | : Ns. Nurul Huda M.Kep Sp. Kep MB., PhD |
| ID Number | : 198301182006042011 |
| Address | : UR Campus Jl. Pattimura No. 9 Building G Pekanbaru |

I am hereby informing you that I will be conducting a study on the "Effectiveness of Relaxation-Based Visual Reality Intervention". This study aims to determine the effectiveness of the intervention in addressing the psychological issues experienced by advanced-stage cancer patients. This research will not cause any harmful consequences to the participants. The confidentiality of all information and data provided by participants will be maintained and used solely for research purposes. If you agree and are willing to become a participant, I kindly request your willingness to sign the consent form and answer the questions truthfully. I thank you for your attention and willingness to be a respondent.

Sincerely,
Researcher

**Ns. Nurul Huda M.Kep Sp Kep MB, PhD**
NIP: 198301182006042011

# EXPLANATION REGARDING THE STUDY

**Effectiveness of a digital psychoeducational intervention for young adults with fertility related distress following cancer diagnosis: A randomized controlled trial**

The research team at the Faculty of Nursing, Universitas Riau, will conduct a study on the Effectiveness of a digital psychoeducational intervention for young adults with fertility related distress following cancer diagnosis: A randomized controlled trial

This is important to observe the extent of the effectiveness of digital psychoeducational interventions on young adult cancer patients experiencing fertility-related stress issues. This study is beneficial for the development of nursing science as a reference for nursing interventions that nurses can use in providing care to young cancer patients. As we know, the issues faced by young cancer patients are more complex compared to those of other cancer patients and heavily affect their quality of life. This study is also useful for RSU Bali Mandara, especially for the nursing staff, regarding the importance of appropriate nursing care management in improving the patients' quality of life.

In this study, advanced-stage cancer patients who meet the inclusion criteria will be included. To obtain data that can represent the research results, 76 subjects are needed. Those who meet the above criteria are requested to participate in this study.

If you are willing to participate, you will be asked to sign the informed consent form. You are free to decline participation in this study. All research data will be treated confidentially so that it will not be possible for others to link it back to you.

You are given the opportunity to ask about anything that is unclear regarding this study. If at any time you require additional information, you can contact Nurul Huda at the Faculty of Nursing Campus, Building G, Jalan Pattimura No. 9, or by calling the mobile number 082312213660.

# RESPONDENT CONSENT FORM

I, the undersigned:

Name Initials : _____

Occupation : _____

After hearing the explanation provided by Nurul Huda and the team, students of the Faculty of Nursing, Universitas Riau, who are conducting a study on the Effectiveness of a digital psychoeducational intervention for young adults with fertility related distress following cancer diagnosis: A randomized controlled trials". I understand that this will not result in any harmful consequences for me, and I understand that this research is solely to gather necessary information so that the intended objectives are achieved.

I hereby state that I am willing to be a respondent without coercion or threats from any party.

....., _____ 2026

(Respondent)

# UNIVERSITAS RIAU

## Effectiveness of a digital psychoeducational intervention for young adults with fertility related distress following cancer diagnosis: A randomized controlled trial

### Demography Data

Please fill in the answers in the blank boxes by providing a checkmark.

Participant Code: [ ]

### Part 1: General Data

| | |
|---|---|
| **Gender** | ☐ Female ☐ Male |
| **Age** | _____ |
| **Marital Status** | ☐ Married ☐ Widow/Widower<br>☐ Unmarried ☐ Divorced |
| **Ethnicity** | _____ |
| **Religion** | ☐ Islam ☐ Protestant ☐ Catholic<br>☐ Buddhist ☐ Hindu |
| **Education** | ☐ Elementary ☐ Junior High ☐ Senior High<br>☐ Bachelor ☐ Master/Doctorate |
| **Occupation** | ☐ Civil Servant ☐ Private Employee ☐ Entrepreneur<br>☐ Farmer ☐ Unemployed |
| **Total family income** | _____ |

### Illness and Treatment

| | |
|---|---|
| **Type of Cancer** | _____ |
| **Diagnosis Stage** | ☐ Stage 3 ☐ Stage 4 ☐ Recurrent |
| **Time since diagnosis** | ☐ < 3 months ☐ 3-6 months ☐ > 3 months |
| **Treatment** | ☐ Surgery (Date: _____)<br>☐ Radiation (Type: _____)<br>☐ Chemotherapy (Drugs: _____ Cycles: _____)<br>☐ > 2 treatments (Specify: _____) |
| **Comorbid diseases** | _____ |

### Support System

| | |
|---|---|
| **Family caregiver** | ☐ At home (Yes/No)<br>☐ At hospital (Yes/No) |

**Phone call Review***

| Week | Patient's general condition | Stress triggers in the past week post-intervention |
|---|---|---|
| | | |
| | | |

**Filled by Research assistant*

## Depression Anxiety Stress Scale (DASS) Questionnaire

**Instructions:** This questionnaire contains statements that may apply to your everyday experiences. Four response options are provided for each statement:

- **0:** Did not apply to me at all, or never.
- **1:** Applied to me to some degree, or some of the time.
- **2:** Applied to me to a considerable degree, or a good part of time.
- **3:** Applied to me very much, or most of the time.

Please indicate how much each statement applied to you **over the past week** by checking the appropriate box. There are no right or wrong answers.

| No | Statement | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|
| 1 | I found myself getting upset by quite trivial things. | | | | |
| 2 | I was aware of dryness of my mouth. | | | | |
| 3 | I couldn't seem to experience any positive feeling at all. | | | | |
| 4 | I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion). | | | | |
| 5 | I just couldn't seem to get going. | | | | |
| 6 | I tended to over-react to situations. | | | | |
| 7 | I had a feeling of shakiness (e.g., legs going to give way). | | | | |
| 8 | I found it difficult to relax. | | | | |
| 9 | I found myself in situations that made me so anxious I was most relieved when they ended. | | | | |
| 10 | I felt that I had nothing to look forward to. | | | | |
| 11 | I found myself getting upset rather easily. | | | | |
| 12 | I felt that I was using a lot of nervous energy. | | | | |
| 13 | I felt sad and depressed. | | | | |
| 14 | I found myself getting impatient when I was delayed in any way (e.g., traffic, waiting). | | | | |
| 15 | I had a feeling of faintness. | | | | |
| 16 | I felt that I had lost interest in just about everything. | | | | |
| 17 | I felt I wasn't worth much as a person. | | | | |
| 18 | I felt that I was rather touchy. | | | | |
| 19 | I perspired noticeably (e.g., hands sweating) in the absence of high temperatures or physical exertion. | | | | |

| No | Statement | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|
| 20 | I felt scared without any good reason. | | | | |
| 21 | I felt that life wasn't worthwhile. | | | | |
| 22 | I found it hard to wind down. | | | | |
| 23 | I had difficulty in swallowing. | | | | |
| 24 | I couldn't seem to get any enjoyment out of the things I did. | | | | |
| 25 | I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase or missing a beat). | | | | |
| 26 | I felt down-hearted and blue. | | | | |
| 27 | I found that I was very irritable. | | | | |
| 28 | I felt I was close to panic. | | | | |
| 29 | I found it hard to calm down after something upset me. | | | | |
| 30 | I feared that I would be "thrown" by some trivial but unfamiliar task. | | | | |
| 31 | I was unable to become enthusiastic about anything. | | | | |
| 32 | I found it difficult to tolerate interruptions to what I was doing. | | | | |
| 33 | I was in a state of nervous tension. | | | | |
| 34 | I felt I was pretty worthless. | | | | |
| 35 | I was intolerant of anything that kept me from getting on with what I was doing. | | | | |
| 36 | I felt terrified. | | | | |
| 37 | I could see nothing in the future to be hopeful about. | | | | |
| 38 | I felt that life was meaningless. | | | | |
| 39 | I found myself getting agitated. | | | | |
| 40 | I was worried about situations in which I might panic and make a fool of myself. | | | | |
| 41 | I experienced trembling (e.g., in the hands). | | | | |
| 42 | I found it difficult to work up the initiative to do things. | | | | |

## Brief COPE Questionnaire

**Instructions:** These items deal with ways you've been coping with the stress in your work/life. Please indicate what you generally do and feel, when you experience stressful events.

- **1:** I haven't been doing this at all
- **2:** I've been doing this a little bit (sometimes)
- **3:** I've been doing this a medium amount (often)
- **4:** I've been doing this a lot (always)

| No | Statement | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1 | I turn my mind away from the problem by working or doing other activities. | | | | |
| 2 | I turn my mind away from the problem by working or doing other activities. | | | | |
| 3 | I concentrate my efforts on doing something about the situation I'm in. | | | | |
| 4 | I say to myself that this isn't real. | | | | |
| 5 | I use alcohol or other drugs (e.g., sedatives, headache pills, etc.) to feel better. | | | | |
| 6 | I get emotional support from others. | | | | |
| 7 | I give up trying to deal with it. | | | | |
| 8 | I take action to try to make the situation better. | | | | |
| 9 | I refuse to believe that it has happened. | | | | |
| 10 | I say things to myself to let my unpleasant feelings escape. | | | | |
| 11 | I get help and advice from other people. | | | | |
| 12 | I use alcohol or other drugs like sedatives or headache pills to help me get through it. | | | | |
| 13 | I try to see it in a different light, to make it seem more positive. | | | | |
| 14 | I criticize myself. | | | | |
| 15 | I try to come up with a strategy about what to do. | | | | |
| 16 | I give up the attempt to cope. | | | | |
| 17 | I look for something good in what is happening. | | | | |
| 18 | I make jokes about it. | | | | |
| 19 | | | | | |

| No | Statement | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| | I do other activities to reduce thinking about the problem/ illness, e.g., going to movies, watching TV, reading, daydreaming, sleeping, or shopping. | | | | |
| 20 | I accept the reality of the fact that it has happened. | | | | |
| 21 | I express my negative feelings such as anger, sadness, fear, etc. | | | | |
| 22 | I try to find comfort in my religion or spiritual beliefs. | | | | |
| 23 | I try to get advice or help from other people about what to do. | | | | |
| 24 | I learn to live with it. | | | | |
| 25 | I think hard about what steps to take. | | | | |
| 26 | I blame myself for things that happened. | | | | |
| 27 | I pray or meditate when I have a problem. | | | | |
| 28 | I make fun of the situation. | | | | |

## CANCER BEHAVIOR INVENTORY (CBI-B V1.0-12)

This survey contains many things that a person might do during and after cancer treatment. We are interested in how confident you are that you can do those things. Be sure your ratings are about your confidence even if you have not done it in the past. So, your ratings are about your confidence that you can do these things now or in the near future.

Please read each item. Then rate that item on how confident you are that you can do that behavior. Circle a number on the scale. If you circle a "9" you are totally confident that you can do that behavior. If you circle a "1" you are not at all confident that you can do that behavior. Numbers in the middle mean that you are somewhat confident that you can do that behavior.

| Behavior | Not at all Confident (1-3) | Moderately Confident (4-6) | Totally Confident (7-9) |
|---|---|---|---|
| 1. Maintaining independence | 1 2 3 | 4 5 6 | 7 8 9 |
| 2. Maintaining a positive attitude | 1 2 3 | 4 5 6 | 7 8 9 |
| 3. Maintaining a sense of humor | 1 2 3 | 4 5 6 | 7 8 9 |
| 4. Expressing negative feelings about cancer | 1 2 3 | 4 5 6 | 7 8 9 |
| 5. Maintaining activities (work, home, hobbies, social) | 1 2 3 | 4 5 6 | 7 8 9 |
| 6. Remaining relaxed throughout treatments and not allowing scary thoughts to upset me | 1 2 3 | 4 5 6 | 7 8 9 |
| 7. Actively participating in treatment decisions | 1 2 3 | 4 5 6 | 7 8 9 |
| 8. Asking physicians questions | 1 2 3 | 4 5 6 | 7 8 9 |
| 9. Seeking consolation (support) | 1 2 3 | 4 5 6 | 7 8 9 |
| 10. Sharing feelings of concern | 1 2 3 | 4 5 6 | 7 8 9 |
| 11. Managing nausea and vomiting | 1 2 3 | 4 5 6 | 7 8 9 |
| 12. Coping with physical changes | 1 2 3 | 4 5 6 | 7 8 9 |

## Multidimensional Scale of Perceived Social Support (MSP)

**Healthy Families Program**

Rate the following statements using the following scale: 1=Very Strongly Disagree, 2=Strongly Disagree, 3=Disagree, 4=Neither agree nor disagree, 5=Agree, 6=Strongly Agree, 7=Very Strongly Agree

| Statement | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. There is a special person who is around when I am in need. | | | | | | | |
| 2. There is a special person with whom I can share my joys and sorrows. | | | | | | | |
| 3. My family really tries to help me. | | | | | | | |
| 4. I get the emotional help and support I need from my family. | | | | | | | |
| 5. I have a special person who is a real source of comfort to me. | | | | | | | |
| 6. My friends really try to help me. | | | | | | | |
| 7. I can count on my friends when things go wrong. | | | | | | | |
| 8. I can talk about my problems with my family. | | | | | | | |
| 9. I have friends with whom I can share my joys and sorrows. | | | | | | | |
| 10. There is a special person in my life who cares about my feelings. | | | | | | | |
| 11. My family is willing to help me make decisions. | | | | | | | |
| 12. I can talk about my problems with my friends. | | | | | | | |

**13. Please identify that "special person":**

Initials: _____

Relationship:

☐ Spouse/Partner ☐ Boyfriend/Girlfriend ☐ Friend
☐ Professional (e.g., teacher, doctor, counselor, pastor) ☐ Other family member

Comments: _____