Department of Psychological Medicine

Faculty of Medical and Health Sciences

The University of Auckland

Auckland 1142, New Zealand

Private Bag 92019

**PARTICIPANT INFORMATION SHEET**

**Title:** Reducing side effect reporting and improving the experience of the COVID-19 vaccination: a mindset intervention

**Researchers:** Professor Keith Petrie, Zara Morrison (Masters student)

You are invited to take part in a study on how New Zealanders evaluate COVID-19 side effect information. Whether or not you take part is your choice. If you don’t want to take part, you don’t have to give a reason and it won’t affect the care you receive. If you do want to take part now, but change your mind later, you can pull out of the study. This Participant Information Sheet will help you decide if you’d like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. If you agree to take part in this study, you will be asked to sign the Consent Form. You will be given a copy of the Participant Information Sheet to keep.

## **What is the purpose of the study?**

You are invited to take part in a study on how New Zealanders New Zealanders evaluate COVID-19 side effect information. You are invited because you have just received the first dose of the vaccination. After receiving a vaccine, it is not uncommon to experience side effects. Research has shown that vaccinations are associated with varying levels of symptoms for different individuals. The aim of the study is to explore how information surrounding these possible side effects can best be explained to members of the public post-vaccination. This research is funded by the Department of Psychological Medicine at the University of Auckland as part of a Masters in Health Psychology. Professor Keith Petrie (contact details on page 3) or Zara Morrison (zara.morrison@auckland.ac.nz) can be contacted to answer any questions.

## **What will my participation in the study involve?**

Taking part in this study will involve participating in a 10 minute or less digital session during the wait time after your COVID-19 vaccination, a short follow-up questionnaire via email in 3 days’ time, and again 3 days’ after your second dose of the COVID-19 vaccination. During the initial 10 minute session, you will be asked to fill out a few brief questionnaires (5 minutes). In addition to answering these questions, you will be assigned randomly (by chance) to one of two groups; each will receive information on the possible side effects of the COVID-19 vaccination. To protect the scientific integrity of the study you will not be told about which group you are assigned to until after the study is completed.

In 3 days’ time, you will receive an email containing a link directing you to a short online questionnaire. Similarly, 3 days after your second COVID-19 vaccination, you will receive another email containing a link directing you to a short online questionnaire. Your participation in the study will be complete after both follow-up email questionnaires have been completed.

## **What are the possible benefits and risks of this study?**

This research is considered low risk so researchers do not expect you to experience any kind of risk. The treatment you are receiving from the ADHB will not be affected in any way by your choice to participate or to not participate in this research.

## **What are my rights?**

Participation in this study is completely voluntary. You are free to decline to participate.

If you choose to take part, you can leave the study at any time without giving a reason.

Whether or not you participate in this study will not affect your relationship with your healthcare provider or your future health care. You will be given a copy of this document to keep.

Your data will not affect the decisions made in your future healthcare. The data you provide will not be recorded in or linked to your clinical record. You can ask questions about the study and can contact the researcher Zara Morrison or co-researchers of this project through their details at the bottom of this sheet. All private information will remain strictly confidential and no material that could identify you will be used in any report on this study. Your name will only appear on the consent form, which will be coded with a participant identification number so that your identity is kept private. Only the researcher and supervisor will have access to study data that could identify you. Publications and presentations on the study will not contain any information that could identify you.

## **What happens after the study or if I change my mind?**

You can also request that the data you have provided is withdrawn until two weeks after taking part in the study. To withdraw your data, please contact the student researcher (Zara Morrison).

A summary of the results of this study will be sent to you if you want. As it takes time to analyse the data, it can take more than a year after participation for the summary of the results will be sent to you.

Questionnaires, recordings, transcripts and consent forms will be kept in a locked filing cabinet in the researcher’s office at the University. The final dataset and some other documents may be shared on an Open Science platform, but it will not include information that can identify you.

When the study is finished, all private data (including computer files) will be kept for 10 years, after this time it will be disposed of.

## **Who do I contact for more information or if I have concerns?**

If you have any questions, concerns or complaints about the study at any stage, you can contact:

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| Professor Keith Petrie  Professor of Health Psychology  Department of Psychological Medicine  The University of Auckland  Private Bag 92019  Auckland 1142  (09) 923 6564  [kj.petrie@auckland.ac.nz](mailto:kj.petrie@auckland.ac.nz) | Zara Morrison  Masters Student  Department of Psychological Medicine  The University of Auckland  Private Bag 92019  Auckland 1142  zmor057@aucklanduni.ac.nz |
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If you require Māori cultural support *y*ou may contact He Kamaka Waiora (Māori Health Team) by telephoning (09) 307 4949, extension 29400. Or by emailing [hkw@adhb.govt.nz](mailto:hkw@adhb.govt.nz).

For any concerns regarding ethical issues you may contact the Chair, the University of Auckland Human Participants Ethics Committee, at the University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: [ro-ethics@auckland.ac.nz](mailto:ro-ethics@auckland.ac.nz)

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**CONSENT FORM**

This form will be kept for a period of 10 years

**Title:** Reducing side effect reporting and improving the experience of the COVID-19 vaccination: a mindset intervention

**Researchers:** Professor Keith Petrie, Zara Morrison (Masters student)

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| --- |
| * I have read and I understand the Participant Information Sheet. |
| * I have been given sufficient time to consider whether or not to participate in this study. |
| * I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet. |
| * I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care. * I understand that my involvement in the study includes receiving side effect information and answering questionnaires * I understand that my choice to/not to take part in this study will not affect my relationship with the researcher or with my healthcare provider. * I understand that all my information will be kept private and no material that could identify me will be used in any report on this study. * I understand that the results of the study may be published/presented but will not include information that could identify me. * I understand that my data will be part of a dataset that may be used to support publication of the study results but that it will not include information that could identify me. * I understand that the data will be stored for 10 years after which it will be disposed of. * I understand that only the researcher and supervisor will access the data. * I know who I can contact if I have any questions about the study. * Please indicate if you would like to receive a copy of the study results once available: **YES / NO**     Full Name: ......................................................................... Email:..................................................................  Address: .....................................................................................................…………………………………………………………… |
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**Declaration by participant:**

I hereby consent to take part in this study.

|  |  |
| --- | --- |
| Participant’s name: | |
| Signature: | Date: |

**Declaration by member of research team:**

I have given a verbal explanation of the research project to the participant and have answered the participant’s questions about it.

I believe that the participant understands the study and has given informed consent to participate.

|  |  |
| --- | --- |
| Researcher’s name: | |
| Signature: | Date: |

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