For recruitment via email

Consent section

- 1. Please make sure you have read the Health Professional <u>Participant information statement</u> before starting the survey.
- 2. HEALTH PROFESSIONAL PARTICIPANT CONSENT FORM

PARTICIPANT CONSENT FORM

What information is important when considering early anterior cruciate ligament (ACL) reconstruction in children?

In giving my consent, I confirm that that:

Tick/ini	tial boxes
	The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
	I understand the purpose of the study is to investigate what information is important for children under 18 years old before deciding to have early ACL reconstruction surgery or
	rehabilitation with the option for delayed ACL reconstruction. I acknowledge that the risks and benefits of participating in this study have been explained to
_	me to my satisfaction.
	I understand that in this study I will be required to answer a pre-interview questionnaire (5-minutes) and attend an interview to provide feedback on an educational pamphlet on treatment options following ACL rupture (online, via telephone or in person pending on the COVID-19 situation) that will last 30-minutes.
	I understand that my participation will involve my interview to be recorded.
	I understand that information may be used in future research and the data collected for this
	study may use it in future projects. By providing consent I allow my information to be shared locally and internationally with other research collaborators as needed. I understand that it is unknown at this stage what these other projects will involve, and ethical approval will be
	gained before my information in used in these future projects.
	I understand that being in this study is completely voluntary.
	I am assured that my decision to participate will not have an impact on any relationship with the research team or the University of Sydney or the Local Health District.
	I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been deidentified or published).
	I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
	I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.
	☐ Yes, I would be happy to participate in this study☐ No, I would prefer not to participate in this study

3. I would like t	o be emailed a copy of the study results:
	Yes
	No
If YES, my email add	dress is
before the	the future use of any data I provide for research purposes. I understand that investigators or their collaborators use any data that I provide, they must seek ethics approval. Yes No

Pre-interview Questionnaire Study ID: ______

		ion in this study, which is investigating what information is important ior cruciate ligament (ACL) reconstruction in children.
	uld like you to answer	a few questions before the interview. This should not take more than
irst so	ome quick questions a	bout you
1.		gender: Gemale Male Non-binary
2.		age: [free text response]
3.	In which country did response]	you receive your health professional training/qualification? [free text
4.	□ 0 □ S □ F	orofessional are you? Orthopaedic surgeon General practitioner Sports medicine doctor Physiotherapist Other (please specify)
5.		e you been practicing? [free text response]
6.	□ F □ F □ S	have you spent the most time practicing in? Private practice Public hospital Private hospital Sports teams Other (please specify)
7.	On average, how man text response]	ny patients with an ACL rupture do you manage/review per year? [free
8.	= :	rcentage of these patients do you advise to have ACL reconstruction est visit you? [free text response]

Finally, when are the best times to schedule you for an online Zoom interview
Please provide below your best contact details for a researcher from the University of Sydney to contact you and arrange the follow-up interview:
Name:
Email:
Best contact telephone number:
Best time/s to call:

Please mark the times that are suitable to arrange an interview in the boxes below:

	Monday	Tuesday	Wednesday	Thursday	Friday
8 – 10am					
10 – 12pm					
12 – 2pm					
2 – 4pm					
4 – 6pm					

Thank you for completing the questionnaire.