Supplement 2: Study information sheet and informed consent

INFORMATION ABOUT THE STUDY

You have shown your interest in participating in a scientific study of Universitat Jaume I and the Hospital General de Castellón. Your participation in the study is completely voluntary. You will then be asked to provide us with your written consent to participate in this study. There will be no inconvenience if you do not wish to participate and your decision will in no way affect the treatment received at the Hospital General de Castellón. In addition, you may discontinue your participation at any time. Please, read the following text carefully and do not hesitate to ask any questions.

Why is this study being carried out?

This study is part of a project called "DOLOR-TIC. Development and validation of an eHealth network for chronic pain" (REF: UJI-B2016-39) funded by the Plan de Promoción de la investigacion Universitat Jaume I. The general objective of this project is to explore the benefits of using a network of technologies for the evaluation and treatment of chronic pain. The treatment by means of new technologies will be compared with the usual treatment provided in the pain unit of the Hospital General de Castellón.

What will be the procedure implemented in the study?

In the first sessions we will examine your state of health and check whether it meets the criteria for inclusion in the study. If you meet the established inclusion criteria, you will then be assigned to one of two study conditions: a) Habitual Treatment (TAU) or b) TAU supported by new technologies (TAU+ICTs). You will receive this treatment for 1 months and your clinical status will be evaluated before starting treatment, at the end of treatment (1 month). If, in fact, the treatments supported by the new technologies prove to be more effective than the usual treatment, you will be offered the possibility of benefiting from the treatment of new technologies at the end of the study, whether you were initially assigned to the TAU condition or to the TAU+TICs condition.

Are there any risks associated with my participation?

According to existing knowledge, the evaluation and treatment protocol used in this study does not pose risks to participants.

What are the possible benefits of my participation?

The treatment protocols included in this study are designed to improve your health. Your participation in this study will contribute to improving the health of a large number of citizens of the Spanish state. In addition, if the objectives of the study are achieved, the results will lead to a significant reduction in treatment costs and a reduction in the increase in access to health services for a large number of people who do not have access to health services suffer from mental disorders.

How will my data be treated?

All data relevant to the study will be collected and stored in compliance with data protection regulations in force. These data will only be used anonymously for the purpose of scientific analysis. All persons involved in the study have an obligation to comply with data protection laws. We will make sure that all your information - without restrictions - is treated as in a confidential manner. Any data collected will be deleted as soon as it is not necessary for scientific purposes.

Can I decline or suspend my participation?

Yes, you may refuse to participate in this study or terminate your participation at any time. In the event that you decide to discontinue your participation in the study all of your data will be destroyed immediately.

Who is the researcher responsible for the study?

Dr. Azucena García Palacios, Department of Basic Psychology, Clinic and Psychobiology, Universitat Jaume I (Castellón de la Plana), Tel: 964 387 640, E-mail: azucena@uji.es

You may contact the principal investigator if you have any questions, concerns about the study, about the data being collected, or if you wish to make use of your right to suspend your participation.

INFORMED CONSENT

Study DOLOR-TIC. Development and validation of an eHealth network for chronic pain. REF: UJI-B2016-39.

I (first name and last name) _____

- I have read the information sheet given to me.
- I was able to ask questions about the study.
- I have received enough information about the study.

I've been talking to: ______ (name of researcher).

I understand that my participation is voluntary.

I understand that I can withdraw from the study:

- 1. When I want to
- 2. Without having to give explanations
- 3. Without this affecting my medical care

I freely give my consent to participate in the study.

Date: .../ ... /...

Participant's signature:

Date: .../ ... /...

Researcher's signature:

Revocation	of consent:

I revoke the consent given on/..... and I do not wish to continue in the study that

I give on this date for finished.

Signature of participant:

Signature of investigator: