SUCCESS STUDY

Questionnaire on lifestyle for women who visit their general practice for the smear for cervical cancer screening.

Today, you are visiting your general practice to have your smear taken for the cervical cancer screening program.

We ask all women who visit their general practice for the cervical smear to participate in the SUCCESS study. This is scientific research and participation is voluntary.

Before you decide if you want to participate, the practice assistants explains what this study is about. Take your time to read the information and ask for an additional explanation if you have any questions.

The study

The Amsterdam UMC (AMC) and the Leiden University Medical Centre study the lifestyle of women who visit their general practice for the cervical smear. This study is called the ‘SUCCESS study’. Your general practice participates in the SUCCESS study. This study is approved by the medical ethics committee of the AMC and the Ministry of Health, Welfare and Sports (VWS).

Aim

The aim of this study is to get insight into the lifestyle of women who visit their general practice for the cervical smear. For this aim, we ask 660 women to complete a questionnaire.

Background

Not much is known about the lifestyle of young and healthy people who are registered with their general practitioner. For the national cervical cancer screening program women from 30 to 60 years visit their general practice. The SUCCESS study will look into the lifestyle of these women, via questionnaires. Also, the SUCCESS study will look into what the general practitioner can do to improve the lifestyle of these women.

What participation means

If you want to participate in the SUCCESS study we ask you to complete up to 3 questionnaires. These questionnaires are about you and your lifestyle.

- Questionnaire 1 (10 questions): you will complete this questionnaire right now.
- Questionnaire 2 (about 30 questions): you will receive this questionnaire within 2 weeks, you can complete the questionnaire at home. Please note that not all women receive this questionnaire.
- Questionnaire 3 (about 30 questions): you will receive this questionnaire within 6 months, you can complete the questionnaire at home. Please note that all women receive this questionnaire.

You decide if you want to participate in the study. Participation is voluntary.

If you participate, you can always change your mind and end your participation, for which you do not have to provide a reason. If you no longer want to participate, you do not have to undertake any steps.
Your participation in this study ends when all questionnaires that have been sent to you have been filled in and returned.

**Possible benefits and drawbacks**

**Benefits:** Via your participation you help to improve the knowledge about lifestyle and health. There is no direct or personal benefit for you if you participate in this study.

**Drawbacks:** Filling in the questionnaires takes time.

**Interview**

After the questionnaire study we will ask approximately 20 women to participate in a single interview. In this interview we evaluate how women experienced the participation in this study. On the consent form you can indicate if we can contact you to participate in such an interview. If you participate in an interview, you will receive a compensation fee. If you do not want to participate in an interview, you can still participate in the questionnaire study.

**Usage and storage of your data**

For this study your personal data and study data will be collected, used and stored. Your personal data are your name, address and date of birth. We need this data for the study to send you the follow-up questionnaires (Questionnaire 2 and Questionnaire 3). Your study data are the answers you provided to the questionnaires. We will carefully handle your data. In the attachment [not translated from the original in Dutch] you can read how we manage and store your data for this study.

**Additional questions**

If you have additional questions, you can ask the practice assistant for an explanation. You can do this at the desk or in the consulting room. For questions regarding the study, you can contact the study team during the whole study period. Please see the attachment [not translated from the original in Dutch] for the study team’s contact details.

**If you participate in the SUCCESS study:**

- Keep this information letter
- Sign the consent form, in duplicate
- Fill in your contact details
- Complete the questionnaire

**Hand in with the practice assistant:**

- The signed informed consent form
  (one copy is for you)
- Filled in contact details
- Filled in questionnaire

**Thank you in advance for your cooperation!**

S3 Supplementary material:: example of the Patient Information Form and Consent Form
(translated and abbreviated version of the original in Dutch)
Consent Form

For participation in the scientific study with the title: SUCCESS study

I read the information letter. I had the opportunity to ask additional questions. My questions were sufficiently answered. I had sufficient time to decide if I want to participate. I know that participation is voluntary. I know that I can decide to no longer participate at any time, I do not have to provide a reason for this.

- I give my consent to the collection and usage of my data with the aim to answer the research questions of this study.
- I know that for the monitoring of this study some people can access all my data. These people are mentioned in the information letter. I give my consent to these people to access my data.
- I know that my study data needs to be stored with a maximum of 15 years after this study has been completed. The data will be coded and saved. I give my consent to use my data for the aims described above.

I want to participate in this study

- Additionally, I □ do □ do not give my consent to be approached for an interview after this questionnaire study.

Name participant:

________________________________________

Signature*: Date: __ / __ / _____

* With this signature I declare that I agree with participation in this study.

I declare that I have fully informed the participant about the study

Name researcher (or his/her representative: the practice assistant or general practitioner):

________________________________________

Signature: Date: __ / __ / _____

The participant receives a complete Patient Information Form, together with a signed version of the Consent Form.