**Prehospital Patient Factors in Paediatric Appendicitis   
 – A Rural New Zealand Perspective: Participant Information Sheet**

Study Title: **Prehospital Patient Factors in Paediatric Appendicitis – A Rural New Zealand Perspective**

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You have been invited to share your journey accessing surgical care for your child. This is because a child in your whānau has recently had surgery for appendicitis at Whangārei Hospital.

A recent study in our area suggested that children who lived rurally, or further away were more likely to have worse appendicitis. We are interested in knowing your family’s story to try identify why this could be and if there are any areas that we can identify and change to help improve the health of our people.

# What will my participation in the evaluation involve?

Whether or not you take part is completely your choice. If you do not want to take part, you do not have to give a reason. Not taking part will not have any effect on your relationship with the District Health Board. You may also want to talk about the evaluation with other people such as your family, GP, whānau or friends.

A research team member will ask if you agree to take part. This will involve a short interview with a person from our team. If you agree to the interview, your information will be kept completely anonymous. The themes, ideas or quotes from the interview may be used to guide areas for future healthcare improvement but no identifying information will be kept about you or your family.

This interview will:

* Be in person or over the phone at a time and place that suits you.
* Last no longer than 40 minutes.
* Be recorded with your permission.
* Include questions about what happened leading up to your child’s recent surgery and be asked about any issues that helped or prevented you from getting surgical care.

All recordings and transcripts from your interview will be anonymised during data analysis and then deleted after the evaluation is complete.

Consumer Consent Form

**Name of Study: Prehospital Patient Factors in Paediatric Appendicitis – A Rural New Zealand Perspective**

* I have read, or had read to me, the Participant Information Sheet and I understand what it says.
* I have been given enough time to decide to take part or not in this study.
* I have had the opportunity to ask questions, so I know what I am agreeing to.
* I understand that taking part in this study is my choice and that I may withdraw from the study at any time without this changing my relationship with the District Health Board.
* I understand that if I take part in this study my details will be kept anonymous and nothing that could identify me or my family with be stored.
* I know who to contact if I have any questions about the study.
* I understand that notes may be taken and that this interview will be digitally recorded and transcribed.
* I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the interview of which I was part, I will be offered the choice of having any data that is identifiable as mine removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

**I wish to receive a summary of the research findings (please circle) YES / NO**

**Declaration by participant:**

I hereby consent to take part in this evaluation.

Participant’s name:

Signature: Date:

**Declaration by research team:**

I have explained 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: