**Participant Information Sheet**

Title: Health professionals’ perspectives on micronutrient supplementation and repletion in bariatric surgery

Dear participant

Thank you for your interest in participating this interview study. Please read through this information sheet.

My name is Sherry (Xueying) Tang. I’m a dietitian, as well as a PhD student at Bond University, Gold Coast, Australia. I am conducting this study to explore Health professionals’ perspectives on micronutrient supplementation and repletion in bariatric surgery under the supervision of Dr Dianne Reidlinger, Dr Skye Marshall, Dr Lillian Dino and Dr Flavia Fayet-Moore. The project has been approved by Bond University Human Research Ethics Committee, with ethics reference number: XT00001.

As part of this study, I will invite you to participate in an interview, which takes 30 to 60 minutes. The interview will be conversational, and questions will be largely open-ended. Examples include: how do you generally monitor patients’ micronutrient status? if no deficiency has been identified, what is your approach to micronutrients supplementation? if a deficiency has been identified, what is your approach to micronutrients repletion?

If you agree to participate, the interview will be conducted at a place and time mutually agreed by you and Sherry Tang, the interviewer, prior to the interview. The interview could be conducted in person in a private room, or via phone or zoom. The interview will be audio recorded. This is essential for the following transcription and analysis.

As a participant, you may become distressed when prompted to recall particular experiences. If you do become distressed as a result of participation, you may wish to access counselling services without needing to contact the researchers or to withdraw at any timepoint. Counselling can be obtained from a psychologist referral by your GP. It is unlikely you will receive any direct benefits by participating in this interview, but it is important for us to improve future patient care in bariatric surgery.

Participation in this study is completely voluntary and you may withdraw at any time without risking any negative consequences. If you choose to withdraw your participation in this study, the information you have provided will be immediately destroyed. The information you shared with us will be used exclusively for this project and only in pseudonymised form. The audio recording and full transcripts are not made accessible to any person outside of the 6 researchers working on this project. When publishing this research, some of your quotes may be included without being linked to your name. All the data will be stored in a secured location at Bond University for 5 years in accordance with the guidelines set out by the Bond University Human Research Ethics Committee.

It is anticipated that the data collected during this study will assist us in understanding your experiences and perspectives on current supplementation recommendations. Your participation in this study will potentially improve future patient care in bariatric surgery through further research.

For further information concerning this project, please contact

Dr Dianne Reidlinger  
Faculty of Health Sciences and Medicine  
Bond University, Gold Coast, 4229, Australia

Tel: +61 7 5595 0160

Email: dreidlin@bond.edu.au

Should you have any complaints concerning the manner in which this research is being conducted please make contact with –

Bond University Human Research Ethics Committee, Bond University Office of Research Services.

Bond University, Gold Coast, 4229, Australia

Tel: +61 7 5595 4194 Fax: +61 7 5595 1120

Email: lmarlow@bond.edu.au

We thank you for taking time to assist us with this research.

Yours sincerely,

Sherry (Xueying) Tang  
APD, HDR student  
Faculty of Health Sciences and Medicine  
Bond University, Gold Coast, 4229, Australia  
Email: stang@bond.edu.au

**Consent Form**

|  |  |
| --- | --- |
| **Title** | *Health professionals’ perspectives on nutritional supplementation in bariatric surgery* |
| **Principal Investigator** | *Dr Dianne Reidlinger* |
| **Associate Investigators** | *Ms Sherry (Xueying) Tang*  *Dr Skye Marshall*  *Ms Alexandra Davidson*  *Dr Lillian Dino*  *Dr Flavia Fayet-Moore* |

**Declaration by Participant**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

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|  | | | | | | | | | |
|  | Name of Participant (please print) | |  | |  | |  | |  | |
|  | | | | | | | | | |
|  | Signature |  | | Date | |  | |  | |
|  | | | | | | | | | |

**Declaration by Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

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|  | Name of Researcher† (please print) | | Sherry Tang | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

† An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.