

Verbal Recruitment Script

“Examining inpatient food insecurity”

Introduction

Could I please speak to [name of participant]?

If respondent asks who the caller is:

If speaking to someone other than the potential participant or SDM, limited information about the study should be provided as information about the study could reveal personal health information.

My name is [name of caller] and I am calling from SickKids about a research study.

If potential participant/SDM maker is unavailable:

Do not leave a message regarding call back information as this may reveal personal health information.

Is there a better time to call back? Date/time:

If potential participant/SDM indicates they are not interested:

Thank you for your time. Goodbye.

If potential participant/SDM is available:

Is now a good time to talk?

If no: Is there a better time to call back? Date/time:

I am calling from [Department of Pediatrics](#) at SickKids. You are receiving this call because you are a candidate for a research study on [food insecurity in the hospital setting](#).

Include the following as relevant:

- You are being contacted because you have a child admitted on the pediatric ward in SickKids.
- You were given an information letter about this study [when your child got admitted](#).

Are you willing to hear more about the study?

Yes

No

If no: Thank you for your time. Goodbye.

You are a candidate for this research because we are interested in investigating food insecurity in caregivers who have a child admitted on the pediatric ward in SickKids. Food insecurity is the unreliable access to sufficient quantities of affordable, nutritious food. We ask all families with a child admitted to the ward to participate in our study. The goal of this research study is to investigate how often families experience food insecurity. If our study identifies a high incidence of inpatient food insecurity our results will be used to advocate for interventions that will provide

Appendix 1, as supplied by the authors. Appendix to: van den Heuvel M, Fuller A, Zaffar N, et al. Food insecurity during COVID-19 in a Canadian academic pediatric hospital: a cross-sectional survey. *CMAJ Open* 2022. DOI:10.9778/cmajo.20210233.

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parents with adequate nutritious foods during their child’s admission and to connect them with community resources.

This study is being conducted by researchers at SickKids and will include approximately 220 participants from [SickKids](#).

Research Activities:

This study involves completing 2 online questionnaires. It will take about 5- 10 minutes to complete the survey. If you choose to participate in this study, we will send you an email with a link to the survey.

Do you have questions about the activities this study involves?

Yes No

Potential risks, harms, discomforts:

There are no potential risks associated with the study or questionnaire. The questionnaire will ask you about your food, housing and financial situation and parental distress regarding practical problems. You are free not to answer or skip questions. Potential discomfort could be the extra time you’ll need to complete these questionnaires. We estimate that answering the questionnaire will take approximately 5- 10 minutes of your time.

Do you have questions about the potential risks of this study?

Yes No

Potential benefits:

There may not be direct benefits to you from taking part in this study. If you would like to explore possible resources available to your family, we can facilitate a referral to the SickKids Resource Navigation Centre. But, regardless of participating in our study, you can also self-refer to our Resource Navigation Centre or ask the medical staff for a referral.

Results of this study will inform us about the presence of food insecurity in the hospital and at home and other material needs in families who have a child admitted to our hospital. Results from this study will most likely be used to design a larger intervention to address food insecurity and material needs in our hospital setting.

Do you have questions about the potential benefits of this study?

Yes No

Reimbursement:

You will not be paid or reimbursed for being in this study.

Confidentiality Information

The study team is committed to respecting your privacy. If you decide to participate in this study, we will describe confidentiality measures in detail. The SickKids study staff (study investigators) will collect personal health information about you. This includes things from your child’s medical records. They will only collect the information they need for the study.

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All personal health information or personal information collected about you will be “de-identified” by replacing your identifiable information (i.e., name) with a “study number”. The SickKids study staff are in control of the study code key, which is needed to connect your personal health information/personal information to you. The link between the study number and your identity will be safeguarded by the SickKids.

SickKids guidelines include the following:

- All information that identifies you, both paper copy and electronic information, will be kept confidential and stored and locked in a secure place that only the study staff will be able to access.
- Electronic files will be stored securely on hospital or institutional networks or securely on any portable electronic devices.
- No information identifying you will be allowed off site in any form without your consent. Examples include your hospital or clinic charts, copies of any part of your charts, or notes made from your charts.

The study will also collect personal information that could identify you, such as:

- Date of birth (partial, MM/YYYY)
- Postal Code (Partial, first 3 digits)

We will respect your privacy. No information about you will be given to anyone or be published without your permission, unless the law requires us to do this.

Do you have questions about how your privacy will be protected?

Yes No

Participation Information

This study is voluntary. You can choose if you want to participate and you can change your mind at any time. Whether or not you participate in the study will not have any effect on [the care you or your family receive at SickKids](#).

Do you have questions about the voluntary nature of participation in this study?

Yes No

Questions

Do you have questions about anything that we’ve talked about so far?

Yes No

If yes: Have all your questions been answered?

Yes No

Arranging Study Visit

Are you ready to decide if you want to participate or not? If you need time to think about the study or want to talk about it with someone else, we can arrange to talk at a different time. I can also send you a copy of the consent form if you wanted to read more about the study.

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If participant/parent wants additional time or wants to talk again, ask about best time to call back - date/time:

If participant wants a copy of the consent form before agreeing to be in the study, ask about how best to send it to them (email, mailing address).

Do not document contact information on this form.

Are you interested in participating in this study?

Yes

No

If no: Thank you for your time. Goodbye.

If yes: Great, would you be able to give me your email address?

You will be emailed our study questionnaires today. If possible, please fill in the questionnaires as soon as possible.

Thank you for participating in our study.

Do you have any other questions?

Thank you for your time. Goodbye.