

# INFORMED CONSENT FORM

## HCPs

The purpose of this research study is to obtain feedback from healthcare providers who prescribe opioids in order to gather information that will help the U.S. Food and Drug Administration communicate effectively about opioids.

This survey is expected to take about 20 minutes, during which you will be asked to answer a series of questions about various opioid topics. We do not believe there are any risks or discomforts associated with your participation; however, you can refuse to answer any question or stop participating at any time. As with all Physicians Consulting Network (PCN) surveys, your response to this survey or any individual question is voluntary. .

Responding to this survey will result in no direct benefits to you. However, your responses will provide insight that will help FDA effectively communicate with health care providers about opioids. In appreciation for your time, you will receive \$57.50 for completing this survey.

All information collected in this survey will be kept confidential to the extent provided by law. PCN is committed to maintaining a secure environment in which you can participate in this survey. No personally identifying information, including your name or email address, will be shared outside of PCN, and this information will not be associated with your answers or used in any reports.

If you have questions about your rights as a participant or are dissatisfied with any aspect of the survey, you may contact PCN Member Support at 1-800-844-8055. If you have questions about the research, you may contact Dr. Paula Rausch at [paula.rausch@fda.hhs.gov](mailto:paula.rausch@fda.hhs.gov) or 301-796-3121.

[NEW SCREEN]

**Consent1. If you have read the previous screens and agree to participate, please click the Yes button. If not, click the No button.**

1-Yes, I agree to participate.

2-No, I do not agree to participate.

*[SP, IF CONSENT1=NO, FORCE TO ANSWER]*

**Consent2 if they don't click yes. Are you sure you don't want to participate? Your opinions are important. Please select the Yes button to continue this survey. Select the No button to exit.**

1-Yes, I agree to participate.

2-No, I do not agree to participate.

*[PROGRAMMING INSTRUCTION: IF CONSENT2=NO, TERMINATE THE SURVEY]*