

**ONLINE Anesthesia Awareness Registry Survey  
INFORMATION STATEMENT:**

**Researchers**

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**Researcher's Statement**

-We are asking you to be in a research study. We want to learn about factors that may be associated with awareness during general anesthesia. We will use a questionnaire to find out any memories patients have of their surgery. We also need information from medical records from patients who may have been awake during general anesthesia. The records will be requested after the Registry processes your online survey, at a later date. We hope that the results of this study will help anesthesiologists care for patients better in the future.

-If you chose to be in this study we will ask you to complete an online survey. **The survey can take from 30-45 minutes to complete and will need to be completed in one session.** You will have the opportunity to go back and review all your responses before you complete the survey. You will have the opportunity to discuss your experiences by phone with a member of the study team for the Anesthesia Awareness Registry. The survey and optional discussion will ask you to describe any memory that you have of the procedure, whether you were upset, if you told your doctor, and if you were satisfied with your care. The contact information questions (1-3) are the only required questions, otherwise you are free to answer or refuse to answer any other questions.

-If you are requested to obtain your medical records you will be given 3 options for obtaining copies of your medical records: 1. You can request copies from the hospital/clinic and send them to us, 2. You can request the hospital/clinic to send the copies of the medical records directly to the Registry, 3. You can sign a HIPAA authorization to request researchers on the team to request copies of the medical records. We would also like to obtain the following information from your medical record: health status, medical conditions, medications, type of anesthesia used, type of surgery, monitoring information, age, and gender. All health information that we collect during the study will be kept as study data. If you are unable to obtain your medical records for the study, we will be asking you a brief set of demographic questions pertaining to your date of surgery.

-Although we will make every effort to keep your information confidential, no system for protecting your confidentiality can be completely secure. It is still possible that someone could find out you were in this study and could find out information about you. Information about you is confidential. We will code your survey responses and medical information. The link between your name and the code will be kept in a secured location, separate from the study information. We will keep the link between your name and the code until January 2012, and then we will destroy the link. If you are eligible to participate in other studies before that time, we will contact you about these studies. We will not pay you for being in this study. We will reimburse you for charges to obtain copies of your medical records up to \$500. The survey may also bring up unpleasant memories.

-We have obtained a Certificate of Confidentiality from the Federal Government. This Certificate is not an endorsement from the Federal Government for our research. Rather, it protects your privacy by allowing us to refuse to release your name or other identifying information to anyone outside of the research project and institution, even by a court subpoena, except as described below. In the unlikely event of a federal audit, we may have to reveal your name but only to those authorized representatives. The Certificate of Confidentiality does **not** prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. By law we must voluntarily release your name and other identifying information to the appropriate officials, if we find or suspect intent to harm yourself or others.

-This study has been explained to me, and I voluntarily consent to participate

**BEGIN SURVEY**

**NO THANKS**