Patient Information Letter

PhD Project:

A Decision helper for Patients with Severe Hip or Knee Osteoarthritis: Decision Quality, Patient Involvement, and Patient-Reported Outcomes
A Randomised Controlled Trial

Dear Patient,

You are receiving this letter because you have provided consent to participate in this research project during your consultation at the orthopaedic outpatient clinic.

This study is aimed for patients with severe hip or knee osteoarthritis who are being evaluated in the orthopaedic outpatient clinic and are facing a decision regarding their treatment options: surgical or non-surgical treatment.

Purpose of the Study
The aim of this study is to explore whether the orthopaedic surgeon's use of shared decision-making, supported by a decision helper, can improve patients' decision quality and their experience of being actively involved in choosing between surgical and non-surgical treatment for their osteoarthritis.
We kindly ask for your help to explore this.

Voluntary Participation
Participation in the study is entirely voluntary. You may withdraw your consent at any time and without providing a reason. This will have no consequences for your continued treatment.

What Does Your Participation Involve?
Based on your previously given consent, you are now receiving the current questionnaire along with additional questionnaires, which we kindly ask you to complete as soon as possible.

Your participation includes the following:

- You will be sent a follow-up questionnaire via your secure digital mailbox (e-Boks) 3 and 12 months after your treatment or surgery.
- Approximately six months after your outpatient visit—or following your surgery—the PhD student will access your electronic medical record to register which treatment was initiated.
- If you chose to undergo treatment at a private hospital, a member of the project team may contact you by telephone to obtain your surgery date.
- A total of 615 patients will take part in this study.
- Each questionnaire is expected to take approximately 10–15 minutes to complete.

Your participation will conclude after these activities.

We greatly appreciate your contribution. Your participation is of significant value to the progression of this research project.

If you would like more information, you are very welcome to contact the project lead:
Trine Ahlmann Pedersen, PhD student

Survey Declaration – Participant Consent

I consent to participate in the research project and for relevant information from my medical record, as well as my responses to the questionnaires, to be used in the analysis of the study's results and stored for five years for research purposes.

☐ Yes ☐ No

I hereby give my consent for a member of the project team to contact me by telephone up to 13 months after the commencement of my treatment.

☐ Yes ☐ No

I consent to a member of the project team accessing my medical record approximately six months after my participation to determine which treatment I received for my hip or knee osteoarthritis.

☐ Yes ☐ No