**ESETT Community Consultation Survey**

We would like to hear from you anonymously. We want to know about what you heard and find out what you think and how you feel about what we have shared with you today. There are no known risks involved in participating in this survey. Your participation in this survey is completely voluntary. You may refuse to participate, and not to answer any questions that you do need feel comfortable answering.

**1. Have you or has anyone you know ever experienced a seizure? (Check all that apply)**

\_\_Me \_\_my child \_\_Another family member or loved one \_\_Someone else \_\_No

|  | StronglyAgree | Agree | Neutral | Disagree | Strongly Disagree |
| --- | --- | --- | --- | --- | --- |
| **2. ESETT is an important study to do.** |  |  |  |  |  |
| **3. If you developed a seizure that would not stop, you would be okay with being included in ESETT without giving your consent ahead of time.** |  |  |  |  |  |
| **4. If you are/were a parent, and your child developed a seizure that would not stop, you would be okay with him/her being included in ESETT without giving your consent ahead of time.** |  |  |  |  |  |

1. **Do you think that ESETT researchers will seriously consider what community members like you have to say about this study before starting it?**

\_\_Yes \_\_No \_\_ I Don’t know

1. **Do you feel that you have been given enough information to give your informed opinion about whether you think it is ok for researchers to do the ESETT study?**

\_\_Yes \_\_No (What additional information would you still like to know?)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Would you like to tell doctors that you do not want to participate in ESETT?**

\_\_ Yes \_\_ No

*If yes, pick up an ESETT brochure and contact the study team listed on the back to learn how you can let doctors know that you do not want to participate in ESETT.*

***TURN OVER to complete***

Lastly, so that we can make sure we are hearing from a wide range of <<city, county, state>> residents, please complete the following final six questions about yourself.

**8. What is your age:** \_\_ \_\_ \_\_ (years old):

**9. Are you:** \_\_Male \_\_Female

**10. Are you Hispanic or Latino?** \_\_Yes \_\_No \_\_I don’t know

**11. Which one or more of the following would you say is your race: (Check all that apply)**

\_\_White

\_\_Black or African American

\_\_Asian

\_\_Native Hawaiian or Other Pacific Islander

\_\_American Indian or Alaska Native

\_\_Other [specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. What is the highest grade or year of school you completed?**

\_\_Never attended school or only attended kindergarten

\_\_Grades 1 through 8 (Elementary)

\_\_Grades 9 through 11 (Some high school)

\_\_Grade 12 or GED (High school graduate)

\_\_College 1 year to 3 years (Some college or technical school)

\_\_College 4 years or more (College graduate)

**13. Please provide below, any additional comments, concerns or questions you would like to share with the ESETT study team:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you!**