**Exploring the role between low fiber intake and general anxiety symptoms**

January 13, 2023

Dear Invitee,

I'm writing to ask for your help with an important survey we're doing of the general Swedish adult population. You were drawn at random from the public Swedish national registry.

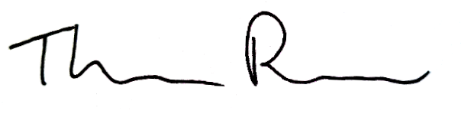
Our goal is to better understand and investigate the relationship between dietary intake and mental health. We are especially interested in finding out if low fiber intake is linked to anxiety symptoms in general.

To help us do this, we'd really appreciate it if you'd answer a few questions for us in the attached questionnaire. We think it will take about 10 minutes to complete the questionnaire. An informed consent form is also included, which must be read, signed and returned together with the questionnaire if willing to participate.

Your help with the research will be important for finding out more about how diet and mental health are related.

Thank you for your time and involvement.

Sincerely,



Thomas Roosdorp

MMSc. Student

thomas.roosdorp@email.se

Informed Consent Form

**Purpose**

The purpose of this survey is to assess the relationship between general anxiety symptoms and fiber intake.

**Participants**

Adults in Sweden between the ages of 20 and 64 from the general population are taking part in this research project, which was chosen at random from a national registry.

**Procedures**

If you agree to take part in this study, the following will be asked of you: answer 20 questions in a survey that will take about 10 minutes. You will then send your completed survey form and signed consent form to the researcher at the address below.

**Voluntary Nature of the Study**

Your participation in the study is entirely optional, and you are free to leave the study at any moment. You can also decline to respond to a particular question.

**Risk of Participation**

To the best of the researcher’s knowledge, there will be no greater risk of harm than you would normally experience in your daily life. You might find some of the questions, especially those that have to do with anxiety, stressful. If you start feeling overwhelmed and/or need to talk to someone, you can call any of the following agencies for support:

For emergency assistance, including self-harm or harm to others, call 112 or visit a psychiatric emergency room.

You can search for information regarding your local health care center on 1177.se. You can also call 1177 directly for help with any health-related issues.

**Privacy**

All processing of personal data in this research study is regulated by the General Data Protection Regulation (GDPR). The data collected in this study will be kept confidential and will not be shared with anyone outside of the research team. Any information about you will be separated and identified with a unique id instead of any of your personal information, such as your name. Any data and personal information will be gathered from the aforementioned survey and informed consent form. That information will be transferred to a computerized storage solution. The original paper copies of the questionnaire and consent forms will be stored in a safe, which only the research team will have access to. The stored digital data will be stored securely on a hard drive that will be encrypted and/or behind a firewall. When the research study has been concluded and compiled, and the need for the original data is no longer needed, any consent forms and any other identifiable data will be destroyed.

**Questions, Suggestions, Concerns, or Complaints**

Before deciding whether or not to accept the invitation to participate in this research study, you have the ability to ask questions regarding the study if you have any. Additionally, you are welcome to voice any criticisms, comments, or complaints regarding this research study. The responsible researcher can be reached at:

Thomas Roosdorp

Email: thomas.roosdorp@email.se

Phone number: +46 X XX XX XX (Open hours: 10.00-12.00, Every Tuesday and Thursday)

Postal address:

Stockholm

Sweden

**Statement of Consent**

By signing below, I confirm that I have read and understood all of the above information, that I am at least 18 years old, and that I agree to take part in this study.

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Signature of participant Date

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Printed name of participant