Subjects number \( \pi \) \( \pi \) \( \text{Name of the subject} \( \pi \) \( \pi \)

## **Informed consent**

Dear patient:

We sincerely invite you to participate in the study on the postoperative quality of life and its influencing factors conducted by Shanghai University of Chinese Medicine. This study has been reviewed and approved by the Clinical Trial Ethics Committee of Shanghai University of Chinese Medicine.

This informed consent form provides you with some information to help you decide whether or not to participate in this study. If you agree to participate in the study, please read the following carefully, and you can ask any questions to the researcher responsible for the study.

- (1) Objective: To study patients after osteoporotic vertebral compression fracture to understand the level of psychological resilience, social support and quality of life; to analyze the factors of quality of life of patients with osteoporotic vertebral compression fracture;
- (2) Study process and method: If you agree to participate in this study, we will issue questionnaires and collect your general information, health status and other relevant information. We will regularly give you targeted health guidance, you have any questions or questions can be feedback to us, we will give you a timely reply. (3) Privacy: we will be strictly confidential, please rest assured.
- (4) Exit question: This study is entirely voluntary, and you may continue to participate or withdraw from the study at your own discretion. Your interests and medical treatment will not be affected accordingly.

If you have other questions, you can communicate with the investigator.

contact way:

Informed consent to sign the following:

I have read this consent form and the investigator has explained the study to me. I have aware of this study and I volunteered to participate in this study.

Patient signature: date: