



Patient Experience Initiative

Study Participant Feedback Questionnaire (SPFQ)

Version 1.0

Prepared by:

TransCelerate Patient Experience Initiative Team

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Section A: Your experience before you started the study <to be completed within 1 month of study enrollment>

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Thank you for your participation. Your experiences in this trial are important to us and we would like to hear about them. Your answers will help us improve future trials. There are no right or wrong answers, and it will take approximately 15 minutes to complete. Your answers will be kept anonymous and will not impact your participation in this trial.

Please select **one** response for each of the following items.

A1. I understand the treatment process in this trial (for example: when and how to take or use a treatment)

A2. The information given to me before I joined the trial was everything I wanted to know (for example: visits and procedures, time commitment, who to contact with questions)

A3. The information given to me before I joined the trial was easy for me to understand (for example: visits and procedures, time commitment, who to contact with questions)

A4. I felt comfortable that I could ask any questions before I joined the trial

A5. *To be included if appropriate:* I understand what I will be compensated for including type of compensation (for example: cash, gift cards, parking reimbursement), how much and when

A6. *To be included if appropriate:* I was adequately informed on how to use the **<insert technology being used>** in this trial

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
0	1	2	3	4

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Section B: Your experience during the trial <to be completed during trial progress>

Thank you for your participation. Your experiences in this trial are important to us and we would like to hear about them. Your answers will help us improve future trials. There are no right or wrong answers, and it will take approximately 15 minutes to complete. Your answers will be kept anonymous and will not impact your participation in this trial.

Please select **one** response for each of the following items.

B1. Overall I am satisfied with the trial site (for example: comfort and privacy of treatment area, waiting area, parking, ease of access to the site)

B2. My trial visits have been well organized

B3. My trial visits are scheduled at a convenient time for me

B4. The staff treats me with respect

B5. I feel comfortable that I can ask questions during the trial

B6. I am satisfied with the answers I have received to my questions during the trial

B7. The time taken to collect data is acceptable to me (for example: in person visits, questionnaires, forms)

B8. The impact the trial has on my daily activities is acceptable (for example: household chores, work commitments, eating)

B9. *To be included if appropriate:* The way in which trial data is being collected is acceptable to me (for example: in person, online questionnaire, diary, wearable sensors, monitoring machines, technology)

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
0	1	2	3	4
No			Yes	

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B10. *To be included if appropriate:* I am being kept informed of the results of my medical tests done during the trial, including during screening (for example: blood tests, scans etc.)

B11. *To be included if appropriate:* I am satisfied with using the <insert technology being used> as part of this trial

B12. *To be included if appropriate:*
I find the <insert technology being used> was easy to use

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
0	1	2	3	4

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Section C: Your experience at the end of the trial <to be completed at last trial visit>

Thank you for your participation. Your experiences in this trial are important to us and we would like to hear about them. Your answers will help us improve future trials. There are no right or wrong answers, and it will take approximately 15 minutes to complete. Your answers will be kept anonymous and will not impact your participation in this trial.

Section C- Your experience at the end of the trial <to be completed at last trial visit>

Please select **one** response for each of the following

C1. I was informed when I had completed the trial

C2. I was informed of any future opportunities to access the overall trial results if I wanted to

C3. Overall, I was satisfied with the information I received about future support after the trial (for example: future treatment, follow-up contact details)

C4. Overall, I was satisfied with my trial experience

C5. Compared to when the trial started, the overall commitment required was similar to what I expected

No		Yes		
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
0	1	2	3	4
Much less than expected	Somewhat less than expected	Same as expected	Somewhat more than expected	Much more than expected
0	1	2	3	4