

Participant Satisfaction Survey

This is a short confidential survey about your experience with the research process in general. No personal health information such as names or any other identifiable information will be connected to you. Taking the survey is voluntary, however your participation will be greatly appreciated. The survey will help us to better serve you and meet participants expectations. Any concerns about this survey can be directed to Research Participant Advocates or the GHUCCTS IRB.

Your answers reflect your interaction today with the study center.

Survey Date _____

Location/Research Site:

- Howard University Clinical Research Unit
 Georgetown University
 MedStar Health

Specify the Georgetown University location:

- Clinical Research Unit
 Transplant Center

Which MedStar facility?

- MedStar Washington Hospital Center
 MedStar Community Clinical Research Center (Hyattsville)
 Other MedStar facility

Specify the MedStar location: _____

The following set of statements are related to your experience with the research/study staff. Please rate your experience.

A. Participant Care/Research Staff Delivery of Care

		Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree	NA
1	I was treated well by the research staff.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	During my research visit my privacy was respected .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I felt comfortable asking questions of the staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I felt my questions were answered to my satisfaction .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	The staff was helpful in scheduling my future appointment and providing me with instructions related to any upcoming visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The compensation I receive for participating in the study is satisfactory.

B. Environment

		Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
1	I was able to get to the research clinic/research center easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I was greeted courteously when I arrived.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The waiting area was clean and comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I was attended to by the staff in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	The exam room was clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Research Clinic/Research Center Operations

		Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
1	I felt the research staff was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I felt today's study visit was completed in a timely manner.			<input type="radio"/> Yes <input type="radio"/> No		
	If not, explain why not.					
3	If you had a procedure (e.g. EKG, blood draw, x-ray, urinalysis, etc.) during today's visit, please rank your satisfaction with the process.					
				<input type="radio"/> 4 - Very Satisfied <input type="radio"/> 3 - Satisfied <input type="radio"/> 2 - Somewhat Satisfied <input type="radio"/> 1 - Not Satisfied <input type="radio"/> N/A		
4	I felt the staff had the necessary skills to perform the research procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Questions related to the study in which you are participating:

- 1 Is this your first visit to the center for this study or is this a follow-up visit? First visit
 Follow-up visit
- 2 Do you know how long you will be in this study? Yes
 No
 Do not know
- 3 How important were the following factors in your choosing to participate in a clinical research study (check all that apply):
 To obtain quality medical care and access to health care professionals
 To learn more about my illness/disease
 To help others
 Any other reasons (Please specify below)
- _____

E. Overall Experience

- 1 Based on your experience what do you like most about participating in this research study?

- 2 Based on your experience what do you not like (like least) about participating in this research study?

- 3 Were your expectations met during your participation in this study? Yes
 Somewhat
 No
- 4 If you answered "Somewhat" or "No" to the question E3, Please list some of your reasons:

- 4 Overall, what is/was your experience during this research study? Excellent
 Very Good
 Good
 Fair
 Poor
- 5 Would you be willing to participate in future studies? Yes
 No
 It depends
- If you checked "No" or "It depends" above, why might you not wish to participate in future studies?

- 6 Would you recommend a friend or a family member to participate in a research study? Yes
 No
 Maybe
- If you answered "No" or "May be" to the question 6 above, Please list some of your reasons:

F. Demographics

What is your gender?

- Female
 Male
 Other

If other, please specify:

How many years of formal education have you completed?

What is your age?

What is your ethnicity?

- African American
 Hispanic
 Non-Hispanic White
 Asian
 Prefer not to answer
 Other (please specify below)

Other:

You are a

- Study Participant
 Study Partner
 Assistant to minor < age 18yrs

Is this your first research study?

- Yes
 No

What is your zip code?

Thank you for your participation in this survey!