

Appendix: Questionnaires

Baseline

Please answer each question by checking the box or circling the number that corresponds with your response. There are no right or wrong answers.

1. Please rate the severity of your osteoporosis:
 I do not have osteoporosis Very mild Mild Moderate Severe Very severe

2. Please rate your risk of future fractures:
 None Low Moderate High Very high

3. Have you ever used a self-injection drug before?
 No Yes

#		<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
4.	How important do you believe it is to treat your osteoporosis?	1	2	3	4	5
5.	How effective do you believe treatment with Forteo will be for:					
a.	Improving your Bone Mineral Density (BMD)?	1	2	3	4	5
b.	Reducing your risk of future fractures?	1	2	3	4	5
c.	Reducing the severity of your osteoporosis?	1	2	3	4	5
6.	How concerned are you about your ability to tolerate Forteo?	1	2	3	4	5
7.	How worried are you about your ability to pay for Forteo?	1	2	3	4	5
8.	How difficult do you think it will be for you to inject yourself daily?	1	2	3	4	5
9.	How fearful are you about injecting yourself daily?	1	2	3	4	5
10.	How confident are you that you will be able to inject yourself daily as instructed?	1	2	3	4	5

11. Do you believe you will need help to inject yourself daily?
<input type="checkbox"/> Not sure
<input type="checkbox"/> No
<input type="checkbox"/> Yes ▼ a. If yes, is there someone available who will be able to help you? <input type="checkbox"/> No <input type="checkbox"/> Yes

12. How long do you expect to be on Forteo?
<input type="checkbox"/> Less than 12 months (1 year)
<input type="checkbox"/> Between 12 months and 17 months
<input type="checkbox"/> Between 18 months and 24 months (2 years)
<input type="checkbox"/> Longer than 24 months (2 years)
<input type="checkbox"/> Unsure

13. Please think about the physician who prescribed Forteo for you:	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Very</i>	<i>Extremely</i>
a. How enthusiastic was your physician about treatment with Forteo?	1	2	3	4	5
b. How confident was your physician that Forteo would be effective for treating your osteoporosis?	1	2	3	4	5
c. How much benefit does your physician think you will gain from using Forteo?	1	2	3	4	5

Thank you!

FOLLOW-UP VISIT #1

Please answer each question by checking the box or circling the number that corresponds with your response. There are no right or wrong answers.

<p>1. Please think about the INITIAL training you received to learn how to use Forteo properly. How much time did your physician (or his/her staff) spend with you?</p> <p><input type="checkbox"/> No training was provided, please skip to <u>Question #3</u></p> <p><input type="checkbox"/> 5 minutes or less</p> <p><input type="checkbox"/> Between 6 - 15 minutes</p> <p><input type="checkbox"/> Between 16 minutes and half an hour</p> <p><input type="checkbox"/> Between half an hour and 1 hour</p> <p><input type="checkbox"/> Greater than 1 hour</p>
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2. How adequate was this training for learning how to:	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
a. Prepare and prime the pen for your injection?	1	2	3	4	5
b. Set the dose?	1	2	3	4	5
c. Inject yourself?	1	2	3	4	5
d. Clean and store the pen?	1	2	3	4	5

<p>3. After your initial training, was follow-up training or support offered to you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>4. Did you need any additional help or have follow-up questions regarding:</p> <p>a. Preparing and priming the pen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, did you receive the additional training or support you needed?</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>b. Setting the dose? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, did you receive the additional training or support you needed?</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>c. Injecting yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, did you receive the additional training or support you needed?</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>d. Cleaning and storing the pen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, did you receive the additional training or support you needed?</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>e. Other (please specify): _____</p>

<p>5. How available was the physician (or office staff) to answer any questions or concerns you had about taking Forteo?</p> <p><input type="checkbox"/> Did not have any questions or concerns <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Extremely</p>
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<p>6. Have you called the LILLY PATIENT ASSISTANCE LINE?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes ▼</p>
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a. If yes, how helpful was it?

- Not at all A little Somewhat Very Extremely

7. Have you experienced any side-effects with the drug, Forteo?

No

Yes ▼

a. If yes, were they:

- Mild Moderate Severe

	<i>Very concerned</i>	<i>Somewhat concerned</i>	<i>Just a little concerned</i>	<i>Not at all concerned</i>
8. How concerned have you been that you are NOT taking your Forteo properly (such as refrigerating properly, time of day of injection, where you inject)?	1	2	3	4

	<i>I have not traveled</i>	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
9. How difficult has it been for you to travel and continue to take your Forteo as prescribed?	1	2	3	4	5	6

10. How difficult has it been to:	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
a. Prepare and prime the pen for your injection?	1	2	3	4	5
b. Set the dose?	1	2	3	4	5
c. Inject yourself?	1	2	3	4	5
d. Clean and store the pen?	1	2	3	4	5
e. Other (please explain): _____	1	2	3	4	5
11. Overall, how difficult has it been to use Forteo as prescribed?	1	2	3	4	5

12. Please think about the physician who is treating you with Forteo:		<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
a.	How enthusiastic is the physician about treatment with Forteo?	1	2	3	4	5
b.	How knowledgeable is the physician about treatment with Forteo?	1	2	3	4	5
c.	How confident is the physician that Forteo is effective for treating your osteoporosis?	1	2	3	4	5

13. Are you still using Forteo?	
<input type="checkbox"/>	Yes ▼
a.	If yes, how effective do you believe your Forteo treatment is? <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Extremely
b.	What percent of the time do you take your Forteo exactly as prescribed? <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
c.	How often do you miss a dose? <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time
<input type="checkbox"/>	No ▼
a.	If no, why did you stop taking Forteo? <i>(check all that apply)</i> <input type="checkbox"/> Taken as long as physician prescribed <input type="checkbox"/> Did not believe it was beneficial <input type="checkbox"/> Too hard to follow all the steps necessary to use Forteo <input type="checkbox"/> Problems with injecting <input type="checkbox"/> Concerns about treatment outweighed the benefits of treatment. <input type="checkbox"/> Cost issues – difficulty paying for it

Thank you!

Follow Up Visit #2

Please answer each question by checking the box or circling the number that corresponds with your response. There are no right or wrong answers. Please complete the following questions about your treatment with Forteo **OVER THE LAST 6 MONTHS.**

1. Over the last 6 months, how much additional training or support did you need to feel comfortable:	<i>None</i>	<i>A little</i>	<i>Some</i>	<i>A lot</i>	<i>A great deal</i>
a. Preparing and priming the pen?	1	2	3	4	5
b. Setting the dose?	1	2	3	4	5
c. Injecting yourself?	1	2	3	4	5
d. Cleaning and storing the pen?	1	2	3	4	5
e. Other (please explain): _____	1	2	3	4	5

	<i>Did not have any questions or concerns</i>	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Very</i>	<i>Extremely</i>
2. Over the last 6 months, how responsive or available was your physician (or office staff) to answer any questions or concerns you had about taking Forteo?	1	2	3	4	5	6

3. Over the last 6 months, have you called the LILLY PATIENT ASSISTANCE LINE?
<input type="checkbox"/> No
<input type="checkbox"/> Yes ↓
a. If yes, how helpful was it?
<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Extremely

Over the last 6 months:	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Most of the time</i>	<i>All of the time</i>
4. How often do you have bruising at your injection site?	1	2	3	4	5
5. How often do you experience pain at your injection site?	1	2	3	4	5

Over the last 6 months:	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
6. How important do you think it is to continue your Forteo treatment?	1	2	3	4	5
7. How much of a problem has it been for you	1	2	3	4	5

to pay for your Forteo treatment?					
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8. Over the last 6 months, have you experienced any side-effects with the drug, Forteo?
<input type="checkbox"/> No
<input type="checkbox"/> Yes ▼
a. If yes, were they:
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

	<i>Very concerned</i>	<i>Somewhat concerned</i>	<i>Just a little concerned</i>	<i>Not at all concerned</i>
9. Over the last 6 months, how concerned have you been that you are NOT taking your Forteo properly (such as refrigerating properly, time of day of injection, where you inject)?	1	2	3	4

	<i>I have not traveled</i>	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
10. Over the last 6 months, how difficult has it been for you to travel and continue to take your Forteo as prescribed?	1	2	3	4	5	6

11. Over the last 6 months, how difficult has it been to:	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
a. Prepare and prime the pen for your injection?	1	2	3	4	5
b. Set the dose?	1	2	3	4	5
c. Inject yourself?	1	2	3	4	5
d. Clean and store the pen?	1	2	3	4	5
e. Other (please explain): _____	1	2	3	4	5
12. Over the last 6 months, in general how difficult has it been to use Forteo as prescribed?	1	2	3	4	5

13. Please think about the physician who is treating you with Forteo:	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
a. How enthusiastic is the physician about treatment with Forteo?	1	2	3	4	5
b. How knowledgeable is the physician about treatment with Forteo?	1	2	3	4	5
c. How confident is the physician that Forteo is effective for treating your osteoporosis?	1	2	3	4	5

14. Are you still using Forteo?
<input type="checkbox"/> Yes ▼ <p>a. If yes, how effective do you believe your Forteo treatment is?</p> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Extremely <p>b. What percent of the time do you take your Forteo exactly as prescribed?</p> <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <p>c. How often do you miss a dose?</p> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time
<input type="checkbox"/> No ▼ <p>a. If no, why did you stop taking Forteo? <i>(check all that apply)</i></p> <input type="checkbox"/> Taken as long as physician prescribed <input type="checkbox"/> Did not believe it was beneficial <input type="checkbox"/> Too hard to follow all the steps necessary to use Forteo <input type="checkbox"/> Problems with injecting <input type="checkbox"/> Concerns about treatment outweighed the benefits of treatment. <input type="checkbox"/> Cost issues – difficulty paying for it

Thank you!