

Date / /

CONFIDENTIAL

Appendix A

CLINICAL TRIALS QUESTIONNAIRE

We are interested in the reasons why patients **accept** or **decline** to take part in clinical trials/studies. We would be grateful if you would fill in this questionnaire. It will not be shown to your doctor or any of the staff at the hospital. A pre-paid envelope is provided for the return of this form.

Firstly we would like to know if you are taking part in a clinical trial/study? Yes No Do not know

Below are some reasons that may have influenced your decision to accept or decline to take part in a clinical trial/study. Please answer each question and mark the box that shows most clearly how you feel with a cross in black ink i.e.

	strongly agree	agree to some extent	unsure	disagree to some extent	strongly disagree
1) I thought the trial/study offered the best treatment available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I believed the benefits of treatment in the trial/study out-weigh any side-effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I was satisfied that either treatment in the trial/study would be suitable for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I was worried that my illness would get worse unless I joined the trial/study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The idea of randomisation worried me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) I wanted my doctor to choose my treatment rather than be randomised by a computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

office use only:

Pat ID

Team ID

Timephase

62668



strongly agree agree to some extent unsure disagree to some extent strongly disagree

- 7) The doctor told me what I needed to know about the trial/study.
- 8) I trusted the doctor treating me.
- 9) I was given too much information to read about the trial/study.
- 10) I was given enough information to read about the trial/study.
- 11) I knew I could leave the trial/study at any time and still be treated.
- 12) I did not feel able to say no.
- 13) I wanted to help with the doctors research.
- 14) I feel that others with my illness will benefit from the results of the trial/study.
- 15) The doctor wanted me to join the trial/study.
- 16) Others, eg. family or friends wanted me to join the trial/study.

Which was the most important reason for you out of the list? (please give a number)

--	--

Thank you very much for completing this questionnaire.

