

Other hospitals

□ Unclear

## Centro di Riferimento Oncologico National Cancer Institute

## **CRO-BIOBANK**

President
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## COGNITIVE QUESTIONNAIRE ON CRO-BIOBANK

Dear Sir or Madam, since we requested your contribution to the CRO-BIOBANK, regardless of whether or not you have given us your consent, we kindly invite you to answer this questionnaire. The compilation will take only a few minutes; you can answer by marking with a cross (eg.  $\boxtimes$ ) the response that you consider most appropriate. Thank you for your kind contribution.

1. What is your gender?  □ Male □ Female											
2. What is your Nationality? (Please specify)											
3. How old are you? (Please specify)   _											
4. What is your marital status?											
L	☐ Single ☐ Marrie	ca/conabit	ing ⊔	Separated/divor	ced □ Widowe	a					
5. What is your educational level?											
	☐ Elementary school		□ Mi	Middle School							
	☐ High school		□ Un	1 University							
<ul> <li>6. Did you donate biological material (blood, tissue, etc.) to CRO-BIOBANK?  □ NO □ YES</li> <li>7. Would you briefly describe why you donated or refused to donate biological material to CRO-BIOBANK? (Please specify)</li></ul>											
<u>If YES</u> , v	what was the source of i	nformatio	n? (multip	le answers are al	lowed)						
		NO Y	YES		If YES, rating						
<b>@</b>	Television Newspapers/			□ Unclear	☐ Fairly clear	□ Very clear					
	magazines			□ Unclear	☐ Fairly clear	□ Very clear					
0	Internet			□ Unclear	☐ Fairly clear	□ Very clear					
<b>@</b>	CRO			□ Unclear	☐ Fairly clear	□ Very clear					
	CRO-brochure			□ Unclear	☐ Fairly clear	□ Very clear					
	© CRO-poster			□ Unclear	☐ Fairly clear	□ Very clear					
	CRO news			□ Unclear	☐ Fairly clear	☐ Very clear					

□ Very clear

☐ Fairly clear

9. Wit	h this question.  □ NO	naire, you ha	ave been ha	anded a flyer, di	d you read it?				
	If YES, how	would you r	rate it?	□ Unclear	☐ Fairly clear	□ Very clear			
	this hospital, v	who gave yo	ou informat	tion about CRO	-BIOBANK and hov	w would you rate this			
		NO Y	<u>YES</u>		If YES, rating				
0	Physician			□ Unclear	☐ Fairly clear	□ Very clear			
<b>@</b>	Nurse/Biolog	ist 🗆		□ Unclear	☐ Fairly clear	☐ Very clear			
11. W	ould you like to □ NO	o receive add		ormation about	CRO-BIOBANK?				
	•			answers are allo					
		alth personn	el		☐ CRO news				
	☐ My fam	•			☐ More detailed brochure				
	□ Video cl	ips in the wa	aiting room	is at CRO	□ Website				
12. How would you rate the Informed consent form, explaining the use and preservation modalities of the biological material?  ☐ Unclear ☐ Fairly clear ☐ Very clear									
13. Do	•	t the intervie	ew was cor	nducted in a sett	ing (ward, ambulato	ory) in respect of your			
	$\square$ NO	$\square$ YES							
	you have do				K, do you feel tha	at the procedure was			
	you will be a		questions	s related to the	e purpose of bioba	nks (select only one			
15. Do	you know wh	at is stored i	n a biobanl	k?:					
	☐ Clinical				ogical material	☐ Scientific books			
16. Do	· ·	end use of Cresearch and		BANK material?  ☐ Informative		onomic purpose			
17. Do	o you think that □ NO	biobanks ar	e useful to	the health of the	e community?				

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Thank you for taking the time to fill out this questionnaire and for your contribution to the progress of the CRO-BIOBANK.

To ensure the anonymity of your responses, close the questionnaire in the white envelope that was given to you and deliver it to the Department or the ambulatory nurse.