



Please read each statement carefully, and check the **SINGLE BEST RESPONSE**.

1. The purpose of the osteoporosis research study described in the consent form is?
  - To find treatments with no side effects
  - To study how people feel when taking their osteoporosis medication
  - To study the difference in bone health between those who continue and those who stop taking alendronate (Fosamax® or Binosto™)
  - To help pay for osteoporosis treatments
2. If you think you have had an injury or questions about your rights as a participant in this study, who should you call?
  - Your healthcare provider or the research study team
  - A friend also taking alendronate
  - A family member
  - None of the above
3. What are the odds of being assigned to the group continuing alendronate (Fosamax® or Binosto™)?
  - Everybody continues taking alendronate (Fosamax® or Binosto™) (100%)
  - One third of participants will continue taking alendronate (Fosamax® or Binosto™) (33%)
  - One half of participants will continue taking alendronate (Fosamax® or Binosto™) (50%)
  - No one who participates continues taking alendronate (Fosamax® or Binosto™) (0%)

4. Which of the following may be a benefit of stopping alendronate (Fosamax® or Binosto™)?

- Losing weight
- Change in blood pressure
- Decreasing frequency of headaches
- There may not be a benefit to stopping

5. Possible side effects related to continuing alendronate (Fosamax® or Binosto™) may include:

- Shortness of breath
- Osteonecrosis of the jaw
- Nervousness
- There are no possible side effects

6. If you have a broken bone or a side effect during the study, and if this means that you need treatment, which is true?

- The study will cover all your health expenses
- Your own health provider will give you the care you need without charge
- The costs of your treatment will be billed to you or your insurance company in the usual manner
- No treatment will be provided

7. Your compensation (payment) for taking part in this research study will be?

- \$25 check
- \$25 discount on my next doctor's bill
- Complimentary meal
- There is no compensation provided

8. While you are in this research study, your personal health information:

- Will be shared by the researchers with anyone who asks for it
- Will not be collected or used by researchers in this research study
- Will be used by my personal physician ONLY
- Will be shared with physicians, nurses and staff working on this research study

9. Regarding your participation in this research study, which of the following statements is true?

- I can stop my participation in the research study only when the study is over
- I can stop my participation in the research study whenever I choose to
- I can stop my participation in the research study only after being in the study for at least one year
- I can stop my participation in the research study only if I have problems with the study medication

10.Regarding your participation in the study, please check TRUE or FALSE for the following statements.

True

False

- Your driver's license number will be collected for purposes of this study
- 
- Your social security number is necessary for collection of my health information
- 
- During the study, only the researcher, and not my doctor, is allowed to change



How it is decided which study group you are put into	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
How we will access your health information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
That you and your doctor can discuss other osteoporosis treatments available besides the ones discussed in the study	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

**On a scale of 1 to 7, How satisfied were you with the following statements?  
VERY DISSATISFIED, PLEASE CHECK 1. VERY SATISFIED, PLEASE CHECK 7.**

	<i>Very Dissatisfied</i> ←————→ <i>Very Satisfied</i>						
Your ability to complete the informed consent process for the osteoporosis research study on your own, without any staff assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
The time required to complete the informed consent process	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
The overall informed consent process	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

**On a scale of 1 to 7, How long do you think the informed consent process was?**



**On a scale of 1 to 7, How important was the informed consent process in your decision to participate in this clinical research study?**

**NOT IMPORTANT AT ALL, PLEASE CHECK 1. VERY IMPORTANT, PLEASE CHECK 7.**

	<i>Not important at all</i> ←————→ <i>Very important</i>						
<b>Please rate how important the informed consent process was in your decision to participate in the research study</b>	1	2	3	4	5	6	7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Next, we would like to ask you for some background information to help us better . We will not be asking for your name or any other identifying information.**

1. Please estimate how long you spent completing the forms and informed consent for this osteoporosis research study:

\_\_\_ \_\_\_ minutes

2. Do you use a personal computer?

- Yes  
 No

3. Do you use a smart phone?

- Yes  
 No

4. How old are you? \_\_\_ \_\_\_ years old

5. Which of the following best describes your race? (Check all that apply)

- African-American/Black

- American Indian/Alaska Native
- Asian
- Caucasian/White
- Native Hawaiian or Other Pacific Islander
- More than one race
- Other (specify) \_\_\_\_\_

6. Which of the following best describes your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

7. Which of the following best describes your current marital status?

- Divorced
- Married or Cohabiting
- Separated
- Single or Widowed

8. Which of the following best describes your educational background?

- Some High School
- High School Graduate
- Some College
- College Degree
- Some Post-Graduate
- Post Graduate Degree

9. What is your total household income per year?



- Under \$25,000
- \$25,000 to under \$50,000
- \$50,000 to under \$75,000
- \$75,000 to under \$100,000
- \$100,000 and above

☺ **THANK YOU** ☺

Appendix