Date://	Site ID: XXX	Study ID:XXX-X1
Date:	OILO ID. XXX	Olday ID.MM A



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

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 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 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 one year I can stop my participation in the research study only if I have problems with medication 	for at least
10.Regarding your participation in the study, please check TRUE or FALSE for the follo statements.	
False	True
 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	

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ט	ate:/ Site ID: XXX Study ID:XXX-X1
my osteoporosis medication	
➤ I have to attend 5 clinic visits for the research st	udy

On a scale of 1 to 7, How well do you understand the following statements?

DIDN'T UNDERSTAND THE ITEM AT ALL, CHECK 1. UNDERSTOOD IT VERY WELL, CHECK 7.

	I Didn't Understa This at A						lerstood his Very Well
Whom you should contact if you have questions or concerns related to the research study	1	2	3	4 □	5 □	6 □	7
Who will have access to your protected health information	1	2 □	3 □	4 □	5 □	6 □	7 □
What changes in your osteoporosis medication may occur by participating in this research study	1	2 □	3 □	4	5 □	6 □	7
What the risks are if you participate in this osteoporosis research study	1	2 □	3 □	4 □	5 □	6 □	7 □

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

On a scale of 1 to 7, How satisfied were you with the following statements?

	Very Dissatisfi	ed ←				>	Very Satisfied
Your ability to complete the informed consent process for the osteoporosis research study on your own, without any staff assistance	1	2	3	4	5	6	7
The time required to complete the informed consent process	1	2 □	3 □	4 □	5 □	6 □	7 □
The overall informed consent process	1	2 □	3	4 □	5 □	6 □	7

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

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A VERY LONG PROCESS, PLEASE CHE	CK 1. A VI	ERY SHOF	RT PROCE	ESS, PLE	ASE CHE	CK 7.	
	Very Long					→	Very Short
Thinking about the entire "informed consent process" would you say it was	1	2	3	4	5	6 □	7
				1			
On a scale of 1 to 7, How difficult did you feel the informed consent process was? VERY DIFFICULT, PLEASE CHECK 1. VERY EASY, PLEASE CHECK 7.							
	Very		•				→ Very
	Difficult						Easy
The process of completing the	1	2	3	4	5	6	7
informed consent process was							
On a scale of 1 to 7, How likely are you NOT LIKELY AT ALL, PLEASE CHECK							
	Very unlil	kely 🗲				→ V	ery likely
How likely are you to join another research study?	1	2	3	4	5	6 □	7
Would you recommend that research studies in the future use the same type of informed consent format used for THIS study?	1	2	3	4	5 □	6	7

		Date: _		_ Site ID: X	XX Study	ID:XXX-X1	
On a scale of 1 to 7, How important was this clinical research study?						to partio	cipate in
NOT IMPORTANT AT ALL, PLEASE CH			IANI, PI	LEASE CF	HECK /.		Vor
	Not impor	tant ←				\longrightarrow	Ver
	at all						importan _
Please rate how important the	1	2	3	4	5	6	7
informed consent process was in your			Ш	Ш			Ш
decision to participate in the research							
study							
Next, we would like to ask you for some k	_	d informati	ion to hel	p us bette	er . We w	ill not be	asking
for your name or any other identifying inf	ormation.						
Please estimate how long you spen	t completing	a the forms	and infor	mod cons	ont for thi	c octoon	orocic
research study:	t completing	g the forms		illeu collsi		s usieup	010515
researon 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 ol	d						
5. Which of the following best describe	es your race	e? (Check a	all that app	oly)			
☐ African-American/Black							

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 □ 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 ethnicitHispanic or LatinoNot Hispanic or Latino	
 7. Which of the following best describes your current Divorced Married or Cohabitating Separated Single or Widowed 	marital status?
 8. Which of the following best describes your education Some High School High School Graduate Some College College Degree Some Post-Graduate Post Graduate Degree 	onal background?
9. What is your total household income per year?	

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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			

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