# **Appendix 1. Phase 2 Evaluation Surveys**

Crowd-voting evaluation survey

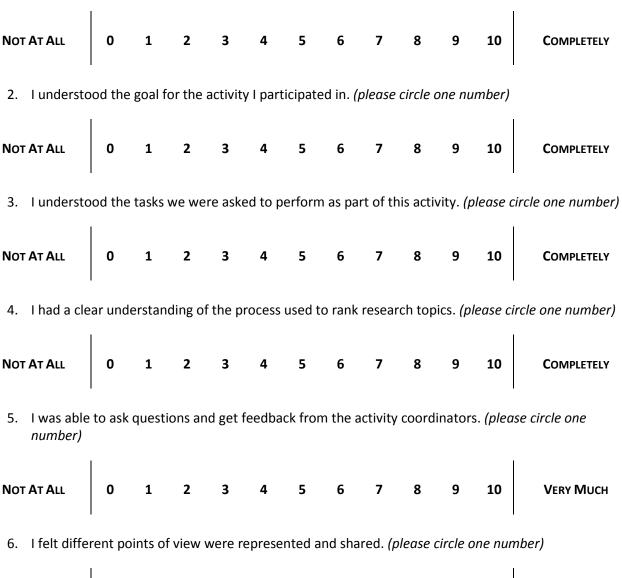
Focus groups evaluation survey

Delphi survey evaluation survey

## **Evaluating Your Experience**

Following are some statements that you might make about your recent involvement in prioritizing low back pain research topics. Please circle the one number on each scale that best describes your overall experience. There are no right or wrong answers. We are only interested in how you feel about your experience.

1.	The materials provided prior to the activity were helpful for my participation. (please
	circle one number)



NOT AT ALL

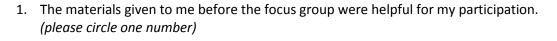
7. Opportur one num		ere pr	ovided	to sha	re opi	nions t	hat dif	fered f	rom of	hers i	n the g	roup. (please circle
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
8. I feel the												
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
9. My time												
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
10. I was sat	isfied w	vith my	/ partic	cipatio	n in thi	is activ	rity. (pl	ease cii	rcle on	e num	ber)	
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
one num	11. I was satisfied with the final list of research priorities generated through this activity. (please circle one number)											
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
12. Would y	ou agre 'please	e to pa	articipa one bo	ate in f	uture : Yes <b>[</b>	studie: No	s for id	entifyir	ng and	priori	tizing re	esearch topics?
13. What did	13. What did you like MOST about participating in this activity?											
14. What did	14. What did you like LEAST about participating in this activity?											
15. How cou	15. How could this activity have been improved?											

# For focus group and online crowd-voting participants only:

16. I had an o	pportu	nity to	learn <sub>.</sub>	from o	thers'	experie	ence ai	nd poir	nts of v	view (p	lease c	ircle one number)
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
17. The focus number)												
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
					•					.,		e one number):  П Not applicable  Сомрьетецу
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	COMPLETELY
We would like to	follow- ow the vite yo	-up wit activit	th 10 p ties co alk wit	eople uld be h us fo	from e impro or up to	each of ved. W	f the 3 Ve will our. If y	activit rando you do	ies to mly ch NOT v	hear n loose : want t	nore al 10 peo	oout your ple to contact from

#### **Evaluating Your Experience**

The following are some statements that you might make about your recent involvement in a focus group to prioritize low back pain research topics. Please circle one number on each scale that best describes your overall experience. There are no right or wrong answers. We are only interested in how you feel about your experience.



NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 COMPLETELY

2. I understood the goal for the focus group I participated in. (please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 COMPLETELY

3. I understood the tasks I was asked to perform as part of the focus group. (please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 COMPLETELY

4. I was able to ask questions and get feedback from the activity coordinators. (please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

5. I felt different points of view were represented and shared. (please circle one number)

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 COMPLETELY

6. Opportunities were provided to share opinions that differed from others in the group. (please circle one number)

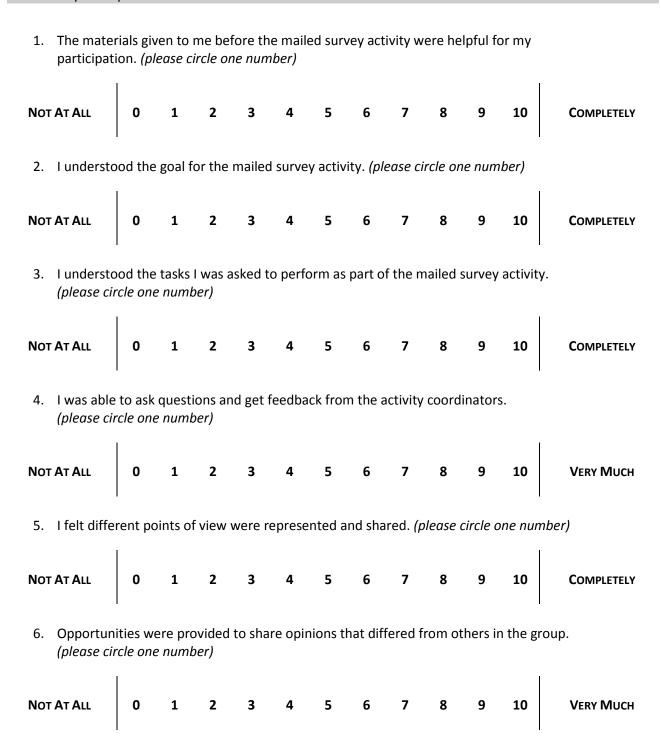
NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

7.	7. I feel the input I provided was valued. (please circle one number)												
No	Γ <b>A</b> T ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
8.	My time wa	as well s	pent o	on the f	ocus g	roup.	(pleas	e circle	one nu	umber,	)		
Not	AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
9.	9. I was satisfied with my participation in the focus group. (please circle one number)												
Not	AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
10.	10. I was satisfied with the final list of research priorities generated through the focus group.  (please circle one number)												
Not	AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
11.	I had an op	portuni	ty to le	earn fro	m oth	ers' ex	kperiei	nce and	d point	s of vie	ew (pl	ease cii	rcle one number)
No	T AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY <b>M</b> UCH
	_	-					_	_	_			-	circle one number)
No	T AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
13.	Conflicts ar	nd disag	reeme	nts am	ong pa	articipa	ants w	ere we	ell man	aged (į	olease	circle (	one number):
													□ Not applicable
No	T AT ALL	0	1	2	3	4	5	6	7	8	9	10	Сомрыетелу

	one number	r)				-				-			ers. ( <i>please circle</i>
Not	AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
	one number	r)				-				-			hers. ( <i>please circle</i>
Not	AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
16.	16. Would you agree to participate in future studies for identifying and prioritizing research topics?  (please check one box) □ Yes □ No												
17.	What did yo	ou like N	лОST а	about	partici <sub>l</sub>	pating	in the	focus	group?	•			
18.	What did yo	ou like L	EAST a	about	particiį	pating	in the	focus (	group?	1			
19.	How could t	the focu	ıs grou	ıp hav	e been	impro	ved?						
and l talk v	how the a	activit ver th be cor	ies co e pho ntacto	ould one a	be im Ibout	prov thei	ed. V r exp	Ve w	ill rar ce, fo	ndom or up	ly ch to 30	oose ) min	experience 10 people to utes. If you do this box:

## **Evaluating Your Experience**

The following are some statements that you might make about your recent involvement in a mailed survey activity to prioritize low back pain research topics. Please circle one number on each scale that best describes your overall experience. There are no right or wrong answers. We are only interested in how you feel about your experience.



7. I feel the	input I	provid	led wa	s value	d. ( <i>ple</i>	ase cir	cle one	e numb	er)			
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
8. My time	was we	ell sper	nt on th	ne mail	ed sur	vey ac	tivity.	(please	circle	one n	umber)	
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
9. I was sat	isfied w	ith my	/ partic	ipation	n in the	e maile	ed surv	ey acti	vity. (p	lease	circle o	ne number)
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
10. I feel pat (please c	NOT AT ALL  0 1 2 3 4 5 6 7 8 9 10 VERY MUCH  10. I feel patients should have the opportunity to <u>identify</u> research topics for researchers.  (please circle one number)											
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
(please c	11. I feel patients should have the opportunity to <u>prioritize</u> research topics for researchers.  (please circle one number)											
NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
12. Would yo (please c	_					studies	for ide	entifyir	ng and	priori	tizing r	esearch topics?
13. What did	13. What did you like MOST about participating in this activity?											
14. What did	d you lik	ke LEAS	ST abo	ut part	icipati	ng in tl	nis acti	vity?				

15. How could this activity have been improved?
16. Is there anything else you would like to share about your experience?
We would like to follow-up with 10 people to hear more about your experience and how the activities could be improved. We will randomly choose 10 people to talk with us over the phone about their experience, for up to 30 minutes. If you do NOT want to be contacted for this additional interview, please check this box:
☐ Please do NOT contact me.