Thank you for taking part in the Bayer (AG) XXXXX study no. XXXX. Your experiences in this trial are important to us. We would like to ask for your feedback to better understand the patient experience and to help improve future clinical trials. The aim of the feedback survey is not to ask about or evaluate efficacy and tolerability of the study medication. This survey is voluntary and completely confidential. No identifying information will ever be shared with the study sponsor or the persons at the site/office you go to.

1. Select your country from the list below (insert list below for translation purposes):
2. Please select one of the following options to begin your survey:
   * I am still taking part in the study
   * I have left the study early
   * I have completed the study
3. How did you hear about this clinical study?

* My doctor
* Family member or friend
* Bayer Clinical Trial Explorer
* Internet Search (ie Clinicaltrials.gov)
* Advocacy group
* Other

1. What motivated you to join the clinical study (select all that apply)?

* To improve quality of life
* To learn more about my health and condition
* To contribute to research and help others
* To seek treatment for the condition of XXX
* Recommendation from someone else (friend, family member, my doctor, etc.)
* Positive experience in another clinical study
* Access to affordable medication and/or treatment
* Access to affordable procedures
* Other

1. Did you ever consider leaving the trial early? If so, please select all reasons.

* Study visits were too frequent
* Study visits were too long
* Duration of the study
* Travel to my study visit was too long/cumbersome
* Complex and lengthy questionnaires to be completed as part of the study
* Limited site staff assistance
* Limited information about the study progress during the study
* Covid 19 pandemic
* Other

1. Please select one response for each item:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| **Experience before starting the study:** | | | | | |
| **I was well informed about (please select one response for each of the items below):** | | | | | |
| The Study visits and procedures |  |  |  |  |  |
| The Time commitment for study activities |  |  |  |  |  |
| Who to contact with questions about the study |  |  |  |  |  |
| I always felt at ease with asking clarifying questions before I decided to join the study. |  |  |  |  |  |
| **I found it easy to understand the information provided about: (please select one response for each of the items below)** | | | | | |
| The study visits and procedures |  |  |  |  |  |
| The time commitment for study activities |  |  |  |  |  |
| Who to contact with questions about the study |  |  |  |  |  |
| **Experience with Site interactions and accommodations** | | | | | |
| I feel encouraged and supported by the study site staff throughout the study |  |  |  |  |  |
| My clinical study visits are well planned and organized (for example: the check-in process, readiness of tests, staff preparation for my visit) |  |  |  |  |  |
| My study visit schedule / windows are flexible enough to fit my schedule |  |  |  |  |  |
| I am satisfied with the site staff's answers that I have received to my questions during the trial |  |  |  |  |  |
| Overall, I am satisfied with the services of the trial site (comfort, privacy, waiting area, parking) |  |  |  |  |  |
| **Experience overall** | | | | | |
| The additional procedures required for the study were acceptable and didn’t interfere with my daily activities |  |  |  |  |  |
| As a participant of this clinical study, I am generally satisfied with the overall experience |  |  |  |  |  |
| The time commitment required remained the same as what I was initially expecting |  |  |  |  |  |
| Participation in the clinical study allowed me to have a better understanding and management of my disease. |  |  |  |  |  |
| I feel appreciated for the time and commitment I am giving to the study |  |  |  |  |  |
| *If using technology, consider adding:*  I am satisfied with the <insert technology being used> as part of this trial. |  |  |  |  |  |
| *If using technology, consider adding:*  I find the <insert technology being used> was easy to use. |  |  |  |  |  |

6.) The following materials or items may have been provided to you during the study. Please indicate below how valuable you found each of these items

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Material/Item** | **Very valuable** | **Somewhat valuable** | **No opinion** | **Not valuable** | **Not provided this material/item** |
| XXXXX |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

You have reached the end of the survey. Thank you again for taking the time to provide your valuable feedback.