Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ / 20_ _ Initials: _____

Patient ID __ __ - __ __ __ __ - __ __ **ID** **Visit:** ___ **VISIT** _____

For office use only.

Retention Survey (NIV) - Version 1: 02/28/2009 FORMV

Form Completion Date __ __ / __ __ / 20_ __ **NIVDAT**
mm dd yy

1. What are the **reasons** you are not returning for an in-person visit **(Please check no or yes to each)**

No Yes		No Yes	
NIVSTAFF	a. Relationship with research staff	**NIVTRAVL**	f. Travel time to medical facility
NIVCOORD	b. It wasn't coordinated with my clinical follow-up	**NIVWORK**	g. Work responsibilities
NIVFAMLY	c. Family responsibilities	**NIVLONG**	h. Previous visit was too long
NIVCOMP	d. Not enough compensation/reimbursement	**NIVSCHED**	i. Can't fit available visit times in my schedule
NIVFEEDB	e. No or not enough feedback of study results	**NIVILL**	j. I'm too ill or I've been hospitalized
		NIVOTHR	k. Other, Specify: _**NIVOTHRS**____

2. What can we do to make it easier for you to return for an in-person visit? **(Please check no or yes to each)**

No Yes	
RIVSHORT	a. Shorter visits and/or less questionnaires
RIVSTIME	b. Schedule research visits the same time as clinic visits
RIVFEEDB	c. Provide more personal or study related feedback
RIVSCHED	d. Provide more flexibility in scheduling of visits
RIVCLOSE	e. Provide study visits in location closer to my home
RIVPREP	f. Provide better details on how to prepare for the visit
RIVMONEY	g. More monetary compensation
RIVTRANS	h. Increase transportation reimbursement
RIVNOSUG	i. Always room for improvement but no specific suggestions in mind
RIVOTHR	j. Other, Specify: _____**RIVOTHRS**

3. Have you accessed the LABS participant web site? ☐ 0. No ☐ 1. Yes **WEBACCES**

If No →

3.1 Why not? (**Please select ONLY one best answer**)
NOWEB

- ☐ 1. No computer/internet access
- ☐ 2. Don't know how to access the site
- ☐ 3. Unaware of web site
- ☐ 4. Not interested
- ☐ 5. Too busy
- ☐ 6. Other, Specify: **NOWEBOS**
- ☐ 7. Forgot about it
- ☐ 8. Not computer savvy

If Yes →

3.2. How many times have you visited the LABS participant web site? **WEBTIMES**

☐ 1-2 times ☐ 3-4 times ☐ 5-6 times☐ ☐ More than 6 times

3.3. What is your favorite feature of the web site? (**Please select ONLY one best answer**)
WEBFAV

- ☐ 1. Study visit descriptions
- ☐ 2. Recipes
- ☐ 3. Health & Wellness Tips
- ☐ 4. LABS data
- ☐ 5. Clinical Site Map
- ☐ 6. Other, Specify: **WEBOTHRS**