

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____

Patient ID _____ - _____ - _____ ID

For office use only.

Retention Survey Follow-up, in-person (RSF): 01/01/2010 FORMV

Form Completion Date __/__/20__ **RSFDAT**

Study Visit: **VISIT**

1. What encourages you to return for your study visits? (Please check no or yes to each)

No Yes

- RETSTAFF** a. Relationship with research staff
- RETOFFIC** b. Already in the office for clin follow-up
- RETHELP** c. Ability to help others in the future
- RETCOMP** d. Compensation/reimbursement
- RETFEEDB** e. Personalized feedback of study results

No Yes

- RETCLOSE** f. Live or work close by
- RETCOMM** g. Made a commi/agreed to participate
- RETINTER** h. Research is interesting to me.
- RETOTHER** i. Other, Specify: **RETOTHS**

2. Do you think that the study visits can be improved? 0. No 1. Yes **IMPROVSV**

If yes, specify:

No Yes

- IMPSHORT** a. Shorter visits and/or less questionnaires
- IMPCLIN** b. Schedule research visits the same time as clinic visits
- IMPFEED** c. Provide more personal or study related feedback
- IMPFLEX** d. Provide more flexibility in scheduling of visits
- IMPLOCAL** e. Provide study visits in location closer to my home
- IMPPREP** f. Provide better details on how to prepare for the visit
- IMPCOMP** g. More monetary compensation
- IMPALWAY** h. Always room for improvement but no specific suggestions in mind
- IMPOTH** i. Other, Specify: _____ **IMPOTHS** _____

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

If No
→

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

LABWEBNO

- 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: **LABNOTHS** _____
- 7. Forgot about it
- 8. Not computer savvy

If Yes →

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

- 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) **LABFAVOR**

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

4. Would you like to receive information regarding this study? 0. No 1. Yes **INFORM**

If yes,

4.1 How would you like study information communicated to you (please check no or yes for each)?	
No	Yes
<input type="checkbox"/>	<input type="checkbox"/> a. Mail INFORMM
<input type="checkbox"/>	<input type="checkbox"/> b. Website INFORMW
<input type="checkbox"/>	<input type="checkbox"/> c. E-mail INFORME
<input type="checkbox"/>	<input type="checkbox"/> e. Written material given at your visit INFORMV
<input type="checkbox"/>	<input type="checkbox"/> f. Other, (please specify: INFORMO , INFORMOS _____)