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Participant ID

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Nickname



**Restoring Insulin Secretion Study
EXIT: Participant Exit Interview Form**

1. Study Visit Number VISIT	<input type="text" value="M12"/>	<input type="text" value="M15"/>	<input type="text" value="M18"/>	<input type="text" value="M21"/>						
2. Visit date (mm/dd/yyyy) Replaced with DAYSRAND	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions: This form is to be completed at the end of the participant's participation in RISE.

Introductory Script: We want to understand more about your experiences with the RISE Study. You have been with us for a while, and we appreciate all the time you have given and getting to know you. Please complete this survey to help us make the RISE study as well as future research studies a success.

PART A: We want to know the reasons you participated in RISE. Please let us know how important each of the following reasons has been for you during your participation in RISE. Circle the number from 1 to 5 where 1 means that this is not at all important to you (i.e. you disagree with the statement) and 5 means that this is very important to you (i.e. you agree with the statement).

Reasons to participate in RISE:	not at all important (disagree with statement)			⇒	very important (agree with statement)	
	1	2	3		4	5
3. I received good care for my diabetes or prediabetes. EXACARE						
4. I received medical tests and procedures. EXATESTS						
5. I was part of a large study to learn more about diabetes and prediabetes and help others. EXAHELP						
6. I have a longstanding and trusting relationship with my RISE medical team. EXATRUST						
7. I was paid to come to RISE visits. EXAPAID						
8. I received free diabetes medicine and supplies. EXAMEDS						
9. I am motivated to take care of my health. EXAMOTIV						
10. I had the support of my family or friends to participate in RISE. EXAFAM						
11. I have a history of diabetes in my family. EXAHISTORY						

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PART B: We want to know about problems you may have had participating in RISE. Listed below are some common problems people encounter. For each one, circle the number from 1 to 5 where 1 means that this was not at all a problem for you (i.e. you disagree with the statement) and 5 means that this was a very big problem for you (i.e. you agree with the statement).

<i>Problems participating in RISE:</i>	<i>not at all a problem ⇒ very big problem</i>				
	<i>(disagree with statement) (agree with statement)</i>				
12. I had conflicts with school, work, or family responsibilities and it was difficult to schedule visits. EXBSCHED	1	2	3	4	5
13. I had difficulty getting to RISE study visits due to problems with transportation, or weather problems. EXBTRANSP	1	2	3	4	5
14. I had difficulty with the length and time of RISE study visits. EXBTIME	1	2	3	4	5
15. Other medical problems made it hard to take care of my diabetes or prediabetes. EXBMEDPR	1	2	3	4	5
16. I did not consider my diabetes/prediabetes to be a major problem in my life. EXBMJPROB	1	2	3	4	5
17. I did not like the testing and being asked so many questions. EXBTSTQST	1	2	3	4	5
18. I had a hard time interacting with the RISE study staff. EXBSTAFF	1	2	3	4	5
19. I didn't want to talk or think about my health. EXBTALK	1	2	3	4	5
20. I worried that the RISE study team will be disappointed in how I am taking care of my diabetes. EXBDISAP	1	2	3	4	5
21. I did not like taking the RISE medications. EXBMEDS	1	2	3	4	5
22. I did not like testing my blood sugar. <i>(Leave blank if not applicable)</i> EXBSMBG	1	2	3	4	5
23. I had a different problem (write in):	1	2	3	4	5

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PART C: We want to know additional information about your participation in RISE. Please answer the questions below.

24. Is this the first research study in which you have participated? **EXCFIRST** ₁ Yes ₂ No

25. Did you feel the study requirements were adequately explained before starting the study? **EXCEXPL** ₁ Yes ₂ No

26. Based on your experience with RISE, would you participate in another research study? **EXCANOTHER** ₁ Yes ₂ No

27. Do you feel that you gained anything personally from participation in the study? **EXCGAIN** ₁ Yes ₂ No

28. Would you consider participating in another research study? **EXCANOTHER2** ₁ Yes ₂ No

a. If NO, please select the **primary reason** that you would not participate in another research study from the list below. **EXCANOTHWHY**

₁ I do not like getting measured and tested and asked so many questions about my health.

₂ Participating in a research study requires too much time.

₃ I do not like taking medications.

₄ I did not get paid enough to participate.

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Nickname

PART D: We want to know additional information about the medication you took as part of RISE. Please answer the questions below for the medication(s) that you took during the study.

Metformin Alone (Pediatric Participants ONLY)

29. Would you consider taking metformin for a longer time period if recommended by your doctor? ₁ Yes ₂ No
EXDMETTAKE

Glargine Followed by Metformin

30. Would you consider taking metformin for a longer time period if recommended by your doctor? ₁ Yes ₂ No
EXDGLMETTAKE

31. Would you consider taking insulin glargine for a longer time period if recommended by your doctor? ₁ Yes ₂ No
EXDGLGLRGMET

Metformin plus Liraglutide (Adult Participants ONLY)

32. Would you consider taking metformin for a longer time period if recommended by your doctor? ₁ Yes ₂ No
EXDLIRMETTAK

33. Would you consider taking liraglutide for a longer time period if recommended by your doctor? ₁ Yes ₂ No
EXDLIRATAKE

Blinded Metformin/Placebo (Adult Participants ONLY)

34. Would you consider taking metformin for a longer time period if recommended by your doctor? ₁ Yes ₂ No
EXDMETPLACTO

ALL Participants

35. If you answered NO to any of the questions above about taking your study medication for a longer time period, please specify the reason(s) below for not wanting to take the medication. *You may choose more than one reason if you have more than one reason.*

- a. ₁ The medication caused side effects (stomach issues, headaches, etc). **EXSIDEFX**
- b. ₁ I dislike using needles. **EXNEEDLE**

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- c. I thought the pills were too large. **EXLRGPILLS**
- d. The medication caused me to gain weight. **EXWGHT**
- e. I do not like taking medications in general. **EXMEDSGEN**

PART E: Please use the questions below to describe your participation in this study.

36. What motivated you to join the RISE study? **EXEMOTIV**

Redacted to remove identifying information

37. What did you like best about participating in the RISE study? **EXELIKE**

Redacted to remove identifying information

38. What did you dislike the most about the RISE study? **EXEDISLIKE**

Redacted to remove identifying information

39. Please share any additional comments about the RISE study.
EXEADDCOMM

Redacted to remove identifying information

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Participant ID

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RISE **EXIT.1**
May 2015
Page 6 of 6

Instructions: Thank you for completing this form. Once complete, please place in the envelope provided and seal the envelope.