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Restoring Insulin Secretion Study EXIT: Participant Exit Interview Form

1.	Study Visit Number VISIT	M12	M	15	M18	М	21		 
2.	Visit date (mm/dd/yyyy) Replaced with DAYSRAND			/			],[		

*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).

Re	asons to participate in RISE:	not at a (disagree w	ll import vith stateme			important e with statement)
3.	l received good care for my diabetes or prediabetes. EXACARE	1	2	3	4	5
4.	l received medical tests and procedures. EXATESTS	1	2	3	4	5
5.	I was part of a large study to learn more about diabetes and prediabetes and help others. EXAHELP		2	3	4	5
6.	I have a longstanding and trusting relationship with my RISE medical team. <b>EXATRUST</b>	1	2	3	4	5
7.	l was paid to come to RISE visits.	1	2	3	4	5
8.	I received free diabetes medicine and supplies. EXAMEDS	1	2	3	4	5
9.	l am motivated to take care of my health. EXAMOTIV	1	2	3	4	5
10.	I had the support of my family or friends to participate in RISE. EXAFAM	1	2	3	4	5
11.	I have a history of diabetes in my family. <b>EXAMISTORY</b>	1	2	3	4	5

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Participant ID						Nic	knar	ne		

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).

Problems participating in RISE:		all a pro vith stateme			big problem
12. I had conflicts with school, work, or family responsibilities and it was difficult to schedule visits. EXESCHED	1	2	3	4	5
<ol> <li>I had difficulty getting to RISE study visits due to problems with transportation, or weather problems. EXBTRANSP</li> </ol>	1	2	3	4	5
14. I had difficulty with the length and time of RISE study visits. <b>EXBTIME</b>	1	2	3	4	5
<ol> <li>Other medical problems made it hard to take care of my diabetes or prediabetes. EXEMEDRR</li> </ol>	1	2	3	4	5
<ol> <li>I did not consider my diabetes/prediabetes to be a major problem in my life. EXEMJPROB</li> </ol>	1	2	3	4	5
17. I did not like the testing and being asked so many questions. EXBISTQST	1	2	3	4	5
<ol> <li>I had a hard time interacting with the RISE study staff. EXBSTAFF</li> </ol>	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. EXEDISAP	1	2	3	4	5
21. I did not like taking the RISE medications. EXEMEDS	1	2	3	4	5
22. I did not like testing my blood SUGAR. (Leave blank if not applicable) EXBSMBG	1	2	3	4	5
23. I had a different problem (write in):	1	2	3	4	5

Participant	ID	Nic	knar	ne				

## 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	<sup>2</sup> No
25.	Did you feel the study requirements were adequately explained before starting the study? <b>EXCEXPL</b>	1 Yes	<sup>2</sup> No
26.	Based on your experience with RISE, would you participate in another research study? EXCANOTHER	1 Yes	<sup>2</sup> No
27.	Do you feel that you gained anything personally from participation in the study? EXCGAIN	1 Yes	<sup>2</sup> No
28.	Would you consider participating in another research study? EXCANOTHER2	1 Yes	<sup>2</sup> No

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

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

Participating in a research study requires too much time.

- I do not like taking medications.
- I did not get paid enough to participate.

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Participant ID						Nic	knar	ne		

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)

Would you consider taking <u>metformin</u> for a longer time period if recommended by your doctor? EXDMETTAKE	1 Yes	2 No								
rgine Followed by Metformin										
Would you consider taking <u>metformin</u> for a longer time period if recommended by your doctor? EXDGLMETTAKE	1 Yes	<sup>2</sup> No								
Would you consider taking <u>insulin</u> <u>glargine</u> for a longer time period if recommended by your doctor? EXDELGLIRGMET	1 Yes	<sup>2</sup> No								
Metformin plus Liraglutide (Adult Participants ONLY)										
Would you consider taking <u>metformin</u> for a longer time period if recommended by your doctor? EXDLIRMETTAK	1 Yes	<sup>2</sup> No								
	recommended by your doctor? EXDMETTAKE Ingine Followed by Metformin Would you consider taking metformin for a longer time period if recommended by your doctor? EXDGLMETTAKE Would you consider taking insulin glargine for a longer time period if recommended by your doctor? EXDGLGLRGMET Hormin plus Liraglutide (Adult Participed Would you consider taking metformin for a longer time period if recommended by your doctor?	metformin for a longer time period if       I Yes         recommended by your doctor?       I Yes         EXDMETTAKE       I Yes         mgine Followed by Metformin       Would you consider taking         Would you consider taking       I Yes         exdention       I Yes         EXDENETTAKE       I Yes         Would you consider taking insulin       I Yes         glargine for a longer time period if       I Yes         exdention       I Yes         EXDELATETAKE       I Yes         Would you consider taking insulin       I Yes         glargine for a longer time period if       I Yes         exdecleremended by your doctor?       I Yes         EXDELET       I Yes         Would you consider taking       I Yes								

33. Would you consider taking <u>liraglutide</u> for a longer time period if recommended by your doctor? EXDURATAKE

## Blinded Metformin/Placebo (Adult Participants ONLY)

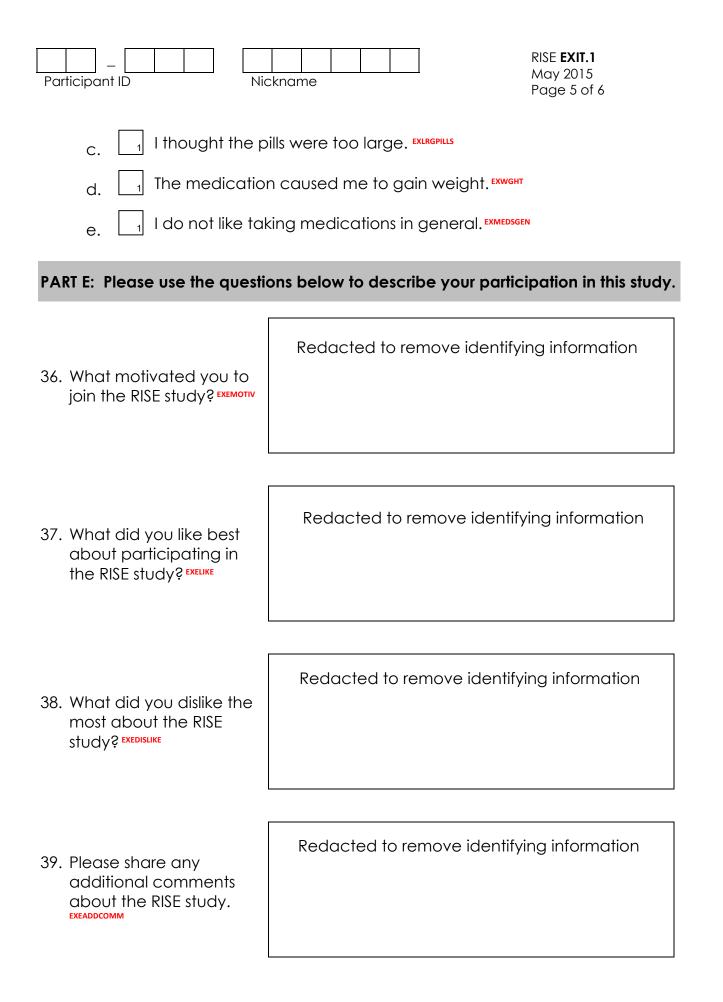
34. Would you consider taking <u>metformin</u> for a longer time period if recommended by your doctor? <u>EXDMETPLACTO</u> <u>I</u> Yes <u>I</u>

## **ALL Participants**

b.

- 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.
  - The medication caused side effects (stomach issues, headaches,

<sup>1</sup> I dislike using needles. EXNEEDLE





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