

30-32 (1) FROM NUMBER

34-39 (7) BATCH DATE  
(NO KEY DATE ON FORM)

33 (2) VERSION NUMBER

SHEP Satisfaction/Attitude Questionnaire

YYMMDD

40 (518) SEQUENCE NUMBER

We are interested in what you thought about the SHEP program and especially what you felt. Please take a moment to answer the questions below. Then please send this entire questionnaire to the SHEP Coordinating Center, using the envelope provided.

1. SHEP ID: (3) | | - (4) | | | | - (5) | | <sup>41-46</sup>  
22-23 24-27 28-29      2. Acrostic: (6) | | | | | |

3. On the basis of your experience, would you volunteer for SHEP if you had it to do over again?

- 47 (8) {
- Yes, definitely  1
  - Yes, probably  2
  - Maybe, not sure  3
  - Probably not  4
  - Definitely not  5

4. Would you recommend the SHEP program or a similar program to a good friend if he or she were eligible?

- 48 (9) Yes  1  
No  2

5. Do you think that taking part in SHEP has improved your health in any of the following ways?

Do you think you have:	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. <sup>49</sup> (10) Fewer colds?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. <sup>50</sup> (11) Better vision?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. <sup>51</sup> (12) Longer life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. <sup>52</sup> (13) Less chance of getting cancer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. <sup>53</sup> (14) Less chance of getting heart disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. <sup>54</sup> (15) Less chance of having a stroke?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. <sup>55</sup> (16) Less depressed or discouraged?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. <sup>56</sup> (17) Other (please list)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

\_\_\_\_\_  
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7. Please make an X in the space which most nearly approximates your feelings:

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
(18) <sup>57</sup> a. SHEP staff provided good care to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(19) <sup>58</sup> b. SHEP staff were friendly and pleasant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(20) <sup>59</sup> c. Transportation to SHEP clinic was a serious problem for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(21) <sup>60</sup> d. SHEP will provide important information to medical science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(22) <sup>61</sup> e. I did not mind taking SHEP medicine for my blood pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(23) <sup>62</sup> f. There were too many SHEP visits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8. How satisfied were you with:

	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>
(24) <sup>63</sup> a. Clinic location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(25) <sup>64</sup> b. Clinic facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(26) <sup>65</sup> c. Waiting time at clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(27) <sup>66</sup> d. Clinic staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(28) <sup>67</sup> e. Information from clinic staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(29) <sup>68</sup> f. Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(30) <sup>69</sup> g. Parking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(31) <sup>70</sup> h. Other (please list)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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9. People have different reasons for taking part in a study like this. We'd like to find out why you joined the SHEP and how important these reasons are to you.

	<u>Not</u> <u>Important</u>	<u>Important</u>	<u>Very</u> <u>Important</u>
71 32 a. Improve my health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
72 33 b. Free medical care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
73 34 c. Contribute to science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
74 35 d. Improve health of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
75 36 e. Some place to go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
76 37 f. Someone to talk with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
77 38 g. Other reasons (please list)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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10. Do you have any other overall comments or suggestions about the SHEP study?

78 39 P 1/1

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Thank you for your time. Please mail this form to the SHEP Coordinating Center in the envelope provided.

- 3-8 514 BATCH DATE
- 11-16 515 DATE MODIFIED
- 17-20 516 TIME MODIFIED
- 21 517 Edit Status