

Questionnaire on the attitude of patients admitted in Clinical Emergency Hospital of Bucharest towards the participation in biomarker-based clinical trials

1. Identification code (*to be completed by the investigator in order of recruitment*): Q-
2. Age:
3. Sex:
 - M
 - F
4. Telephone number (optional):
5. Residence:
 - Urban
 - Rural
6. Education:
 - Higher education
 - Secondary education
 - High school
 - Primary school/Gymnasium
 - No degree
7. Ethnicity:
 -
 - I don't know/I don't answer
8. Religion/ Faith:
 -
 - I don't know/I don't answer
9. Marital status:
 - Married
 - Single
 - Divorced/separated
 - Widow
 - I don't answer

10. Heart disease (admission diagnosis)*:

11. The onset of the disease*:.

**to be completed by the investigator according to medical chart*

12. Any condition for which you have been hospitalized in the last 12 months?

- Yes, cardiovascular disease
- Yes, another condition.....
- No

13. Are you diagnosed with a chronic illness?

- Yes, cardiovascular disease
- Yes, cancer
- Yes, another condition.....
- No

14. Are you taking medication as prescribed?

- Yes
- No
- It is not the case

15. Have you ever participated in a medical study?

- Yes
- No

16. Impact of the illness on quality of life – on a scale of 1 to 10 (1 being deeply altered quality of life and 10 being excellent quality of life). How would you grade your quality of life at the present moment?*

1 2 3 4 5 6 7 8 9 10

***by quality of life we define the perceived physical, mental and social well-being*

17. Do you consider valuable a clinical study using biomarkers?

- Yes
- No
- Impartial

In the next section we refer to the hypothetical situation that you will be asked to participate in a biomarker-based clinical trial (for example: blood products, tissue or blood cells, genes/DNA).

18. Are you interested in participating in this study?

- Yes
- No
- Impartial

19. What is the main reason for accepting to participate in this study?

- Helping other patients who have the same disease as I have
- Helping my family members that could have the same disease as I have in the future
- Maybe the resulting information will be helpful for me
- In order to contribute to acquisition of knowledge about my disease, even if my family and I would not have any direct benefits
- In order to contribute to research
- Another reason:.....
- I would not participate

20. What information do you consider important in order to convince you to participate in this study? *Check two options*

- The possibility of finding out the study results and their impact on my health
- A non-invasive sample collection for the study
- Financial compensation for participants
- Knowing how the samples collected will be used
- Knowing what are the benefits of participating in the study
- The certainty of improving my well-being in the future as a result of participating in the study
- Ensuring that my samples will not be used in other ways than those mentioned
- Ensuring that my rights will be respected during the whole study
- The possibility of withdrawal from the study without affecting the quality of medical services
- Other:
- Nothing

21. If you would participate in this study, which of the following items do you find important for you? *Check two options*

- To be clearly stated the potential risks that I am exposed to
- The purpose of the study explained at length, in easy terms
- Drawings, schemes, tables with relevant data

- Statistics regarding the importance of biomarkers
- The possibility to communicate directly with the research team
- Other:.....
- Nothing

22. What do you consider not useful in the explanations provided by the doctor when your participation agreement is requested? *Check two options*

- Long and complicated sentences /the lack of explanations in easy terms
- Insufficient medical information
- Too much medical information
- Insufficient information regarding your rights (the possibility of withdrawal from the study without affecting the quality of the medical services)
- Other:.....

23. Your trust or your participation in the study would be increased if the participation agreement would be asked by:

- Your treating doctor (the doctor who is treating your current condition)
- The clinical study coordinator
- Both the treating doctor and the clinical study coordinator
- Any doctor involved in the study
- Under no circumstances

24. Do you consider useful this questionnaire? How would you grade it on a scale of 1 to 5 (1 being not useful at all and 5 being very useful).

1 2 3 4 5

25. Under which of the following circumstances would you agree to be contacted?

- For completing the information from this questionnaire
- For other studies conducted at Clinical Emergency Hospital of Bucharest, Cardiology Department
- Under no circumstances

Please tell us what is your opinion regarding the following statements:

26. The doctors involved in research wish only the well-being of each patient.

- I completely disagree
- I disagree

Neutral/indifferent

I agree

I completely agree

27. The doctors provide the patients all the information/all it is necessary to know about the study.

I completely disagree

I disagree

Neutral/indifferent

I agree

I completely agree

28. I completely trust the doctors who are involved in medical research

I completely disagree

I disagree

Neutral/indifferent

I agree

I completely agree

29. The doctors involved in research treat the patients as “objects”.

I completely agree

I agree

Neutral/indifferent

I disagree

I completely disagree

30. Is there anything else you would like to add for this questionnaire (comments, suggestions)?

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Thank you for the participation,
QUEST team.