



Intervention Feedback Form

ID NUMBER:

FORM CODE:

DATE: 07/19/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

1. At different stages of the ACHIEVE study, we are interested in getting your feedback about the study treatment you are receiving. How strongly would you disagree or agree with the following statements:

a. I have benefited from the ACHIEVE study treatment that I am receiving

- 1...Strongly disagree
- 2...Disagree
- 3...Neutral
- 4...Agree
- 5...Strongly agree

b. I would recommend the ACHIEVE study treatment that I am receiving to others

- 1...Strongly disagree
- 2...Disagree
- 3...Neutral
- 4...Agree
- 5...Strongly agree

c. The ACHIEVE study treatment has helped me live a healthier lifestyle

- 1...Strongly disagree
- 2...Disagree
- 3...Neutral
- 4...Agree
- 5...Strongly agree

d. The ACHIEVE study member providing the treatment was enthusiastic

- 1...Strongly disagree
- 2...Disagree
- 3...Neutral
- 4...Agree
- 5...Strongly agree

e. The ACHIEVE study member providing the treatment encouraged questions

- 1...Strongly disagree
- 2...Disagree
- 3...Neutral
- 4...Agree
- 5...Strongly agree

2. All ACHIEVE study treatments are being provided for free, but we are interested in learning about how much individuals would be potentially willing to pay for the treatment (including the time and expertise of the individual providing the treatment and all the materials provided to you). Please provide an estimate of how much you would be willing to pay.

\$ _____