



[SURVEY PREVIEW MODE] Informed Consent Survey - Windows Internet Explorer  
http://www.surveymonkey.com/s.aspx?PREVIEW\_MODE=DO\_NOT\_USE\_THIS\_LINK\_FOR\_COLLECTION&sm=v%2fanRHWDCwADdJkCFIm%2fzJUn74Rmgsk%2f4meI9%3d

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Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next

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## Informed Consent

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3. Please list any of the side effects you remember that were listed for the clinical trial (free recall):

Prev Next

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3. Please check all of the side effects that were listed for the clinical trial:

- |   |   |
|---|---|
| <input type="checkbox"/> Acne                                   | <input type="checkbox"/> Low blood counts       |
| <input type="checkbox"/> Allergic Reaction                      | <input type="checkbox"/> Low blood pressure     |
| <input type="checkbox"/> Changes in kidney function             | <input type="checkbox"/> Metallic taste         |
| <input type="checkbox"/> Changes in your vision                 | <input type="checkbox"/> Nausea                 |
| <input type="checkbox"/> Confusion and changes in mental status | <input type="checkbox"/> Reproductive risks     |
| <input type="checkbox"/> Constipation                           | <input type="checkbox"/> Sore throat            |
| <input type="checkbox"/> Decreased appetite                     | <input type="checkbox"/> Staining of the teeth  |
| <input type="checkbox"/> Depression                             | <input type="checkbox"/> Sticky saliva          |
| <input type="checkbox"/> Diarrhea                               | <input type="checkbox"/> Sun sensitivity        |
| <input type="checkbox"/> Dry mouth                              | <input type="checkbox"/> Thinning skin          |
| <input type="checkbox"/> Heartburn                              | <input type="checkbox"/> Trouble speaking       |
| <input type="checkbox"/> High levels of calcium in blood        | <input type="checkbox"/> Unexplained stiff neck |
| <input type="checkbox"/> Increased risk of hardened arteries    | <input type="checkbox"/> Unusually cold skin    |
| <input type="checkbox"/> Kidney stones                          | <input type="checkbox"/> Vomiting               |
| <input type="checkbox"/> Loss of skin pigment                   | <input type="checkbox"/> Weakness               |

Prev

Next

## Informed Consent

Exit this survey

### 4. True or False

	True	False
Participants may receive no benefit from participating in this study.	<input type="radio"/>	<input type="radio"/>
Women who are pregnant may participate in this study.	<input type="radio"/>	<input type="radio"/>
The purpose of the study is to determine whether cholecalciferol could help prevent skin cancer.	<input type="radio"/>	<input type="radio"/>
Patients may choose whether they want to take Vitamin D.	<input type="radio"/>	<input type="radio"/>
All participants in the study will receive Vitamin D.	<input type="radio"/>	<input type="radio"/>
The entire study protocol will be completed within 8 weeks.	<input type="radio"/>	<input type="radio"/>
The treatments in this clinical trial have been proven to be the best for prevention.	<input type="radio"/>	<input type="radio"/>

Prev

Next

5. What organization is conducting this study?

- American Cancer Society
- National Cancer Institute
- Susan G. Komen for the Cure

6. Who is the principal investigator for this study?

- Steven A. Palmer, M.D., Ph.D.
- Esther Weisen, M.D.
- Jonathan M. Rosenberg, M.D. Ph.D.

7. Why is this study being conducted?

- For trial of a new preventive treatment
- For trial of a new medical device
- For medical students to practice techniques

8. How will you be compensated for your participation?

- Patients receive \$100 per day for participation
- Patients are paid for participation on a sliding scale according to their income
- Patients receive \$300 total for participation

9. The trial involves:

- A blood sample

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9. The trial involves:

- A blood sample
- A urine sample
- Both a blood and urine sample

Prev

Next

## Informed Consent

Exit this survey

10. If you enrolled in this clinical trial...

	Very low						Very high
how would you rate the risk of headache?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how would you rate the risk of constipation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how would you rate the risk of nausea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how would you rate the risk of high levels of calcium in your blood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how would you rate the risk of kidney stones?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how would you rate the risk of weakness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prev

Next

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11. If you were to participate in this trial...

	Much lower		About the same		Much higher
how do you think your risk of headache would compare to that of other trial participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how do you think your risk of constipation would compare to that of other trial participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how do you think your risk of nausea would compare to that of other trial participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how do you think your risk of high levels of calcium in your blood would compare to that of other trial participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how do you think your risk of kidney stones would compare to that of other trial participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how do you think your risk of weakness would compare to that of other trial participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prev Next





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14. If I were at high risk for skin cancer, I would participate in this trial.

Strongly  
disagree

Strongly agree

15. This trial seems like a good option for those at high risk for skin cancer.

Strongly  
disagree

Strongly agree

16. If my doctor recommended this option, I would participate.

Strongly  
disagree

Strongly agree

[Prev](#)

[Next](#)

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17. If you were at high risk for skin cancer and were considering participation in a clinical trial, would the information in the clinical trial consent form have...

	YES	NO
...provided you with adequate information?	<input type="radio"/>	<input type="radio"/>
...explained things in a way you could understand?	<input type="radio"/>	<input type="radio"/>
...answered questions or concerns you may have had?	<input type="radio"/>	<input type="radio"/>
...helped you make a decision about participation?	<input type="radio"/>	<input type="radio"/>

18. In general, how satisfied are you with the information provided in the consent form about the clinical trial?

Very dissatisfied	Uncertain			Very satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prev

Done

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