



The ACT Project
Participant Comments
University of Washington
June 15, 2004

SUBJECT

CHARSUB

DATE_MO

DATE_DAY,

DATE_YR

INT

VISIT 0 1
FORM 2 3 **74**

ACT No.: 4 5 6 7 8 9

Char ID: 10 11 12

Date: 13 14 / 15 16 / 17 18

Interviewer: 19 20 21

Your opinion of our examination and staff is valuable to us, and will help us perform better research. Please check the correct responses to the following questions:

CODER CODE FROM THIS
COLUMN AND FROM TABLES

- | | Yes | No | ? |
|--|-----|----|---------|
| 1. Was the examination too long?..... | 1 | 0 | 9 |
| Comments: _____ | | | 22 COM1 |
| _____ | | | |
| 2. Were there any parts of the examination that you felt were difficult to perform?..... | 1 | 0 | 9 |
| Comments: _____ | | | 23 COM2 |
| _____ | | | |
| 3. Were there any questions that you would rather not answer because they were too personal or sensitive?..... | 1 | 0 | 9 |
| Comments: _____ | | | 24 COM3 |
| _____ | | | |
| 4. Were there any questions that were confusing or difficult to understand?..... | 1 | 0 | 9 |
| Comments: _____ | | | 25 COM4 |
| _____ | | | |
| 5. Did you feel comfortable in the presence of our staff?..... | 1 | 0 | 9 |
| Comments: _____ | | | 26 COM5 |
| _____ | | | |

6. Was it easy to understand the interviewer?

Yes he/she spoke clearly.....	1
No, he/she did not speak clearly.....	2
No, he/she spoke too fast.....	3
Don't know.....	9
Comments: _____	

← CODE
FROM
TABLES

27 COM6

7. While in the clinic, was the room temperature comfortable?

Yes, I was comfortable.....	1
No, it was too cold.....	2
No, it was too warm.....	3
Don't know.....	9

28 COM7

	Yes	No	?
8. Did you have any problems finding our clinic or parking?.....	1	0	9

Comments: _____

29 COM8

9. Do you have any other comments or suggestions about the examination?.....	1	0	9
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Comments: _____

30 COM9