

Appendix 3: Diabetes-specific MICCA - English version

To obtain the French version, contact pascal.bedard.hsj@ssss.gouv.qc.ca

The medication-specific questions were Questions 14-16-20-21-23-25

Diabetes MICCA

1. True/False Questions

Instructions: Please check the circle that best answers each statement listed below. You may ONLY CHECK ONE circle for each statement.

1. The clinical trial is a form of research.

- True
- False
- I don't know

2. I am required to take part in the clinical trial.

- True
- False
- I don't know

3. I have been told who is funding the clinical trial.

- True
- False
- I don't know

4. I have been told the total number of people who will take part in the clinical trial.

- True
- False
- I don't know

5. During the clinical trial I will know which treatment I am receiving.

- True
- False
- I don't know

6. During the clinical trial the study doctors will know which treatment I am receiving.

- True
- False
- I don't know

7. During the clinical trial no one will be allowed to see my health information.

- True
- False
- I don't know

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8. I will be told about new findings from the clinical trial so I can decide whether to continue to take part.

- True
- False
- I don't know

9. I have been told who will pay for my treatment if I become ill or injured as a result of the clinical trial.

- True
- False
- I don't know

10. I have been given the name and phone number of the person to contact if I have questions or concerns about the clinical trial.

- True
- False
- I don't know

11. My participation in the clinical trial can be stopped without my consent.

- True
- False
- I don't know

12. I will be asked to pay for cost related to taking part in the clinical trial.

- True
- False
- I don't know

13. I will be paid for taking part in the clinical trial.

- True
- False
- I don't know

14. I may receive a treatment that does NOT have any therapeutic benefit (i.e does not treat your condition).

- True
- False
- I don't know

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2. Multiple Choice

Instructions: Please check the circle that best answers each question listed below. You may ONLY CHECK ONE circle for each question.

15. How will it be decided which treatment group you will be placed into?

- The group I am placed into will be based on my health care needs
- The group I am placed into will be randomly assigned to me
- I am free to decide which group I would like to be placed into
- I don't know

16. The clinical trial includes a treatment that has not been approved for your condition. What does this mean?

- Outside of this trial, the treatment CAN be used for people with my condition
- Outside of this trial, the treatment CANNOT be used for people with my condition
- The treatment is the best possible for my condition
- I don't know

17. How long can you expect to be in the clinical trial?

- 26 weeks
- 56 weeks
- 106 weeks
- I don't know

18. At what point can you leave the clinical trial?

- I can leave at any time
- I can only leave once all of my data has been collected
- I can only leave once the study is over
- I don't know

19. What does it mean when you sign the clinical trial consent form?

- I would like to take part in other similar trials
- I do NOT want to take part in this trial

- I am agreeing to take part in this clinical trial
- I don't know

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3. Check Boxes

Instructions: Please check the circle or circles that best answers each question listed below. You may check MORE THAN ONE circle for each question.

20. Which describes the main purpose(s) of the clinical trial?

- To identify how well the treatment works
- To identify how much of the treatment can be given without causing harm
- To improve my own medical/health condition
- To test the safety of the treatment
- I don't know

21. Which procedure(s) will you be asked to take part in?

- Blood collection
- Glucose tolerance test
- Physical exam
- X-rays
- I don't know

22. Which task(s) will you be asked to complete?

- Attend scheduled office/clinic visits
- Follow a specific diet
- Follow an exercise plan
- Inform study doctors before taking prescription or non-prescription drugs (including herbal remedies)
- I don't know

23. Which side effect(s) might occur?

- Upset stomach (nausea)
- Flu like symptoms
- Headaches
- High blood sugar

- I don't know

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24. Which describes the main benefit(s) of taking part in the clinical trial?

- Finding treatment(s) that may help others that have my condition
- Free medical care
- Free health/medical education
- Cure or improve my own health/medical condition
- I don't know

25. Which describes the other treatment option(s) available to you?

- Drug treatment (prescription or non-prescription)
- Radiation treatment
- Surgical treatment
- There are NO other treatment options available
- I don't know

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4. About You

Instructions: Please tell us about yourself by checking the circle that best answers each question listed below. You may ONLY CHECK ONE circle for each question.

26. How old are you?

- Younger than 40
- 40-49
- 50-59
- 60-69
- 70+

27. Where do you live?

- Australia
- Canada
- New Zealand
- United Kingdom
- United States
- Other

28. What is your gender?

- Male
- Female

29. Which best describes your background?

- Aboriginal/Torres Strait Islander
- African American
- Asian
- Caucasian
- Latino
- Maori
- Pacific Islander

- Other

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30. Which describes the highest level of education you have completed?

- Primary school
- Secondary school
- Technical/vocational education
- Some university education
- Completed an undergraduate degree
- Completed a higher graduate degree (Masters, PhD, etc.)

31. Have you ever taken part in a clinical trial?

- Yes
- No
- I don't know

32. Please tell us (by checking the circles below) how often you use the following resources to gather health information. Please check ONLY one circle for each item.

	Always	Sometimes	Never
Books/Journals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care provider (Drs, nurses, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popular magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV/Movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have now completed the survey. Thank you for taking the time to assist us with this study.