

7. Please make an X in the space which most nearly approximates your feelings:

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
(18) ⁵⁷ a. SHEP staff provided good care to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(19) ⁵⁸ b. SHEP staff were friendly and pleasant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(20) ⁵⁹ c. Transportation to SHEP clinic was a serious problem for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(21) ⁶⁰ d. SHEP will provide important information to medical science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(22) ⁶¹ e. I did not mind taking SHEP medicine for my blood pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(23) ⁶² f. There were too many SHEP visits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8. How satisfied were you with:

	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>
(24) ⁶³ a. Clinic location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(25) ⁶⁴ b. Clinic facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(26) ⁶⁵ c. Waiting time at clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(27) ⁶⁶ d. Clinic staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(28) ⁶⁷ e. Information from clinic staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(29) ⁶⁸ f. Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(30) ⁶⁹ g. Parking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(31) ⁷⁰ h. Other (please list)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

9. People have different reasons for taking part in a study like this. We'd like to find out why you joined the SHEP and how important these reasons are to you.

	<u>Not</u> <u>Important</u>	<u>Important</u>	<u>Very</u> <u>Important</u>
71 32 a. Improve my health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
72 33 b. Free medical care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
73 34 c. Contribute to science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
74 35 d. Improve health of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
75 36 e. Some place to go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
76 37 f. Someone to talk with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
77 38 g. Other reasons (please list)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

10. Do you have any other overall comments or suggestions about the SHEP study?

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Thank you for your time. Please mail this form to the SHEP Coordinating Center in the envelope provided.

- 3-8 514 BATCH DATE
- 11-16 515 DATE MODIFIED
- 17-20 516 TIME MODIFIED
- 21 517 Edit Status