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**MESA Exam 7 Pilot  
Participant Experience Survey**

**Thank you for participating in the MESA Exam 7 Pilot. We are asking you to complete this survey after your clinic visit and home monitoring to learn about your experience. The information you provide will be used to improve the exam experience for future MESA participants.**

**This first questions ask about your overall experience with the MESA Exam 7 Pilot and the activities that you completed in the clinic. Please circle the most appropriate response for each item.**

1. On a scale from 1 to 5, where 1 is **unpleasant** and 5 is **enjoyable**, please rate your overall MESA experience:

1	2	3	4	5
Participating was <b>unpleasant</b>			Participating was <b>enjoyable</b>	

2. On a scale from 1 to 5, where 1 is **boring** and 5 is **interesting**, please rate your overall MESA experience:

1	2	3	4	5
Participating was <b>boring</b>			Participating was <b>interesting</b>	

3. Would you volunteer again for a study like MESA?                      Yes    No  
Why or why not?

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Pilot ID:		Date:	
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**We'd like to ask you some questions about the monitors you wore and the surveys you completed at home.**

- For the daily surveys you completed at home while you wore the home monitors, please rate how easy or difficult each was to complete. On a scale of 1 to 5, where 1 is difficult and 5 is easy, how easy or difficult was it to complete each form?

	The daily form was:					I did not complete this form
	Difficult to complete	1	2	3	4	
Daily Stress Phone Survey	1	2	3	4	5	<input type="checkbox"/>
Daily Participant Diary	1	2	3	4	5	<input type="checkbox"/>

**The next questions ask about the 6 monitors that you wore at home after the clinic exam.**

Continuous Glucose Monitor



Hip Activity Monitor



Wrist Activity Monitor



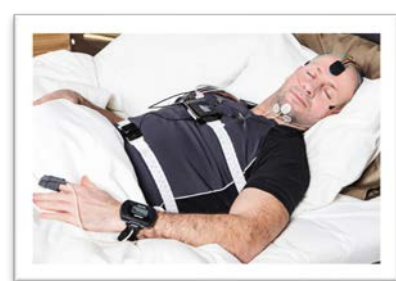
Heart Patch Monitor



24-hour Blood Pressure Monitor



Overnight Sleep Study



Pilot ID:		Date:	
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5. For the mobile monitors that you wore at home, please rate the burden of wearing them. On a scale from 1 to 5 where 1 is **difficult** and 5 is **easy**, how difficult or easy was it to wear each monitor?

	The monitor is:					I did not wear this monitor
	Difficult to wear		Easy to wear			
	1	2	3	4	5	
Continuous Glucose Monitor	1	2	3	4	5	<input type="checkbox"/>
Hip Activity Monitor	1	2	3	4	5	<input type="checkbox"/>
Wrist Activity Monitor	1	2	3	4	5	<input type="checkbox"/>
Heart Patch Monitor	1	2	3	4	5	<input type="checkbox"/>
24 Hour Blood Pressure Monitor	1	2	3	4	5	<input type="checkbox"/>
Overnight Sleep Study	1	2	3	4	5	<input type="checkbox"/>

6. For the mobile monitors that you wore, how interesting are the results to you? On a scale from 1 to 5 where 1 is **not interesting** and 5 is **interesting**, how interesting are the results to you?

	The monitor results are:					I did not wear this monitor
	not interesting to me		interesting to me			
	1	2	3	4	5	
Continuous Glucose Monitor	1	2	3	4	5	<input type="checkbox"/>
Hip Activity Monitor	1	2	3	4	5	<input type="checkbox"/>
Wrist Activity Monitor	1	2	3	4	5	<input type="checkbox"/>
Heart Patch Monitor	1	2	3	4	5	<input type="checkbox"/>
24 Hour Blood Pressure Monitor	1	2	3	4	5	<input type="checkbox"/>
Overnight Sleep Study	1	2	3	4	5	<input type="checkbox"/>

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**For these next questions, please think about your overall MESA experience.**

7. What did you like best about this experience?

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8. What did you like least about this experience?

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9. What suggestions do you have for improving the clinic visit or home monitors?

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**Thank you so much for volunteering your time and taking part in this pilot study. Your efforts will be extremely helpful in making the MESA study a success. We really appreciate it!**