



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

EXIT INTERVIEW

Thank you for volunteering to participate in the RURAL Study. We strive to provide the best possible experience for our participants. We would like your feedback about your visit today. Please let us know if we met your expectations and how we can continue to improve.

1. How was your overall experience with today's visit? *(please select one)*

Very Bad Bad Average Good Very Good

2. Please rate each of the following about the Mobile Examination Unit *(please select one)*:

a. The accessibility of the MEU (Is the MEU easy to find; Are the disability accommodations sufficient, etc.)	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
b. The attractiveness of the MEU	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
c. The comfort of the MEU	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
d. The cleanliness of the MEU	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
e. The COVID-19 safety precautions of the MEU	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
f. The amount of time spent in the MEU	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
g. Your privacy in the MEU	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good

3. Please rate each of the following about your experience with today's exam including the information and instructions provided to you *(please select one)*:

a. The informed consent process	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good
b. The vital signs	<input type="checkbox"/> Very Bad <input type="checkbox"/> Bad <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good



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c. The blood draws	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
d. The ankle-brachial index (ABI) test	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
e. The spirometry test	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
f. The electrocardiogram (EKG) test	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
g. The computed tomography (CT) scan	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
h. The surveys	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
i. The Fitbit	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
j. The Fitbit set-up	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
k. The cell phone and/or downloading the RURAL study app on your phone	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
l. The heart echo test	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

4. Please rate each of the following about the staff during your visit (*please select one*):

a. The courtesy and respectfulness of the staff	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
b. The assistance/help provided by staff	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
c. The contact/communication with staff	<input type="checkbox"/> Very Bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good



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5. Please rate your experience during the phone calls with staff before your visit to the Mobile Examination Unit (*please select one*):

Very Bad Bad Average Good Very Good

6. After having today's visit, would you recommend the study to others?

Yes No (*IF no, please describe why*)

7. Do you have any additional comments? (*Use this section to describe what went well, where we could have done better, suggestions for improvement, or any other comments you may have.*)



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8. Why did you decide to participate in the RURAL Study?

For Research Coordinator use only: CRF was:

Self-administered

Interviewer-administered