

Patient Feedback

Patient First Name: _____

Diagnosis: _____

Have you participated in a clinical research study? ☐ Yes ☐ No ☐ Not yet

Primary reason for being interested in participating in a research study:
(Check all that apply)

- ☐ For free access to care by doctors that specialize in my illness.
- ☐ For access to the most cutting-edge treatments because I've tried others and they aren't working as well as I would like.
- ☐ For the stipend I get paid.
- ☐ To help others with my diagnosis.
- ☐ Other: _____

What is the best thing about coming to (the research site)?

Do you have a success story you'd like to share?

Please share your thoughts on how the site or the research study could be better.

By signing below, I acknowledge that The STARR Coalition may use my comments to help further clinical research and for marketing purposes (website, fact sheets, etc.). * Patient's full name will not be used.

Patient Signature or verbal okay _____ Date: _____

Thank you so much for helping us and for helping others that live with a mental illness!