



science and policy
for a healthy future

HORIZON2020 Programme
Contract No. 733032 HBM4EU

Annex 2.1.6 to D7.3

Satisfaction Questionnaire

WP 7

Task 7.3

D7.3

Version 2.0

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Authors and Acknowledgement

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1 Introduction and aims

The satisfaction questionnaire aims to provide information on the entire process of HBM4EU project according to the satisfaction level of the participants, in order to find out potential limitations, as well as to improve the development of this and similar biomonitoring studies.

Since it is a brief and easy to complete questionnaire, a link will be given to the participants after the interview to invite them to fill out this questionnaire online.

[illegible]

		1-Completely disagree					10- Completely agree					
	Please, mark in the chosen box your satisfaction level regarding the following items:	1	2	3	4	5	6	7	8	9	10	N/A
11.	You felt comfortable to provide the urine sample											
12.	You felt comfortable to provide the blood sample											
Accesses and facilities												
13.	In general, you found easy to reach and access to the meeting point (e.g. clinic, hospital) for the collection of biological samples (e.g. satisfactory transportation (public/private), adapted accesses, easily identified area for the study etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How do you consider the time you spent on this study?

Insufficient ☐ Appropriate ☐ Long ☐ Excessive ☐ Don't know ☐

15. Do you perceive that the results derived from this study will lead to improvements in Public Health?

Yes, absolutely ☐ Yes, partially ☐ No ☐ Don't know ☐

16. Would you again take part in a similar study?

No ☐ Yes ☐ Yes, if some improvements are included (please, specify in question 18) ☐ Don't know ☐

17. Would you recommend your family members or friends to participate in this study?

No ☐ Yes ☐ Yes, if some improvements are included (please, specify in question 18) ☐ Don't know ☐

18. Is there anything we could have done better?

19. Overall, rate (1-low, 10-high) your satisfaction level after your participation in this study

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What else would you like to tell us about this study?

THANK YOU VERY MUCH FOR YOUR TIME