

Participant ID:					

Date:

D	D	-	M	M	-	Y	Y	Y	Y
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Participant Experience Questionnaire – RAINDrOP

- 1. In your own words, could you tell us about your iron deficiency anaemia?**

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- 2. Tell us about your experience with oral iron tablet before you were in the study**

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- 3. What made you to take part in the study?**

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- 4. Which treatment did you receive during the study? (please circle)**

- A. continue oral iron**
- B. stop oral iron**
- C. stop oral iron to receive intervenous iron (iron transfusion)**

Participant ID:					

5. What is your experience of receiving this study anaemia treatment?

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6. How did you feel about the study anaemia treatment you received?

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7. Was anything good or bad with the practical arrangements for your study visits? (please circle)

Yes / No

If yes, please state?

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8. What worked well with your study anaemia treatment?

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Participant ID:					

9. What did not work so well with your study anaemia treatment?

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10. What could have helped your study anaemia treatment?

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11. Please tell us if there anything else about your study experience or treating iron deficiency anaemia that you would like to add

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12. read the statements below and choose one score which best describes your experience.

Tick one box each for each question

(score 1 to 5 with 1 being least/lowest and 5 being most/highest score)

Statement	1	2	3	4	5
The reason for this study is clear.					
The study is relevant to the treatment of iron deficiency anaemia.					
More research is needed for the treatment of iron deficiency anaemia.					
The written study information helped my decision to take part.					
Taking part in research is easy.					
I would recommend that other people participate in a future larger iron deficiency anaemia study.					
I would consider taking part in a study for similar issues.					

13. I am completing the survey as (Please circle)

Participant / Representative of participant

14. I have following additional comment/s to make about the study.

Please write overleaf if more space is required.