

Longitudinal Evaluation of the Growth and Acquisition of Clones over Years in the **blood**

Study Feedback Questionnaire

To be completed when the participant has completed all 12 study visits or if they withdraw from the study.

Participant Identification Number:

Study visit date:

Thank you for taking part in the **LEGACY** study. We would be grateful if you would provide us with some information about your experience participating in the study. If you prefer not to answer a question please tick 'prefer not to answer'. **You are not required to provide an explanation if you choose not to answer a question.**

1. With regards to your experience of the **saliva sample collection**...

On a scale of 1-10, how easy did you find collecting the **saliva sample**?

<i>difficult</i>											<i>easy</i>	
1	2	3	4	5	6	7	8	9	10			prefer not to answer
<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"/>		<input type="checkbox"/>

On a scale of 1-10, how uncomfortable did you find collecting the **saliva sample**?

<i>uncomfortable</i>											<i>no discomfort</i>	
1	2	3	4	5	6	7	8	9	10			prefer not to answer
<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"/>		<input type="checkbox"/>

Any comments about the saliva sample collection?

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2. With regards to your experience of the **fingerprick blood sample collection**...

On a scale of 1-10, how easy did you find collecting the **fingerprick blood sample**?

<i>difficult</i>											<i>easy</i>	
1	2	3	4	5	6	7	8	9	10			prefer not to answer
<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"/>		<input type="checkbox"/>

On a scale of 1-10, how painful did you find collecting the **fingerprick blood sample**?

<i>painful</i>											<i>no pain</i>	
1	2	3	4	5	6	7	8	9	10			prefer not to answer
<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"/>		<input type="checkbox"/>

Any comments about the fingerprick blood sample collection?

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3. If there had been the option for you to collect the saliva and/ or fingerprick samples yourself at home and return them by post (with instructions and postal packaging provided), instead of having to attend for study visits...

On a scale of 1-10, how happy would you have been to collect the **saliva sample** yourself at home?

<i>unhappy</i>		<i>happy</i>								
1	2	3	4	5	6	7	8	9	10	prefer not to answer
<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"/>

On a scale of 1-10, how happy would you have been to collect the **fingerprick blood sample** yourself at home?

<i>unhappy</i>		<i>happy</i>								
1	2	3	4	5	6	7	8	9	10	prefer not to answer
<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"/>

Any comments about collecting the saliva and/ or blood samples at home?

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4. Any other comments or feedback regarding the study?

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Thank you for taking the time to answer this questionnaire