Dear ASRB Volunteer,

Thank you for participating in the research project listed below. The purpose of this questionnaire is to discover what your experience of research participation in this study was like, whether it was good or bad. There is no right or wrong answers, however, the information you provide will help the ASRB to ensure that any negative experiences are addressed with you and the researcher, so that future research participation is a positive and worthwhile experience for everyone.

The details of the project you participated in are as follows:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Chief Investigator or Project Supervisor</th>
<th>Administering Department and Institution</th>
<th>Member ID</th>
</tr>
</thead>
</table>

Please complete the questions below and return the completed questionnaire in the pre-paid envelope provided to the following address:

Dr Carmel Loughland  
ASRB Manager  
Australian Schizophrenia Research Bank (ASRB)  
Centre for Brain and Mental Health Research  
McCauley Centre, Mater Hospital  
WARATAH NSW 2298
QUESTIONS:

1. Are you happy with the way you were contacted by the ASRB staff about participating in the research project?
   
   Yes ☐  No ☐

   Comments:
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

2. Are you happy with the way you were treated by the research staff conducting the research project?
   
   Yes ☐  No ☐

   Comments:
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

3. Was the research procedure explained satisfactorily to you before you took part in the study?
   
   Yes ☐  No ☐

   Comments:
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

4. Did you feel comfortable with the tasks you were asked to complete?
   
   Yes ☐  No ☐

   Comments:
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

5. Do you feel that participating in this project was a positive experience for you?
6. Given your experience in this research project, would you be willing to consider participating in other research projects in the future?

Yes ☐ No ☐

Comments:

........................................................................................................................................
........................................................................................................................................

7. Are there any other comments you would like to make?

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........................................................................................................................................

We thank you for your co-operation in completing this questionnaire. Your continuing support of the ASRB and schizophrenia research is greatly appreciated.

Should you have any questions about this questionnaire or wish to discuss any of the items further, please not hesitate to contact me on 1800 639 295.

Yours sincerely

Dr Carmel Loughland
ASRB Manager
Australian Schizophrenia Research Bank