

UK FROST TRIAL: PATIENT PREFERENCE FORM

Participant ID:

Date today: / /
day month year

The purpose of this form is to help the study team to understand:

- 1) Your reasons for not wanting to take part in the study (Section 1);
- 2) Your preferences for the study treatments (Section 2);
- 3) Your expectations about whether the study treatments will work (Section 3).

This information will help ensure the successful delivery of the study to provide the NHS with the evidence to improve the care of patients with similar shoulder problems in the future. The study team will not collect your contact details or approach you further about the study.

Please place a cross in the box to confirm that you agree to complete this form.
(please cross one box only)

Yes No

Section 1: Your reasons for not taking part in the study

Please record the reason(s) why you did not want to take part in the study.
(Please cross all boxes that apply)

- I wanted the treating clinician to make a decision for me
- I have already had physiotherapy
- I do not want physiotherapy
- I do not want surgery
- I do want physiotherapy
- I do want surgery
- I am too busy to take part in research
- I do not want to be involved in research
- I thought there were too many questionnaires to complete
- I just didn't want to take part
- Other – please explain:

Please record below if you would like to provide more detail about why you didn't want to take part in the study:

Section 2: Your preferences for the study treatments

1. Have you already had physiotherapy for your affected shoulder? Yes No
(please cross one box)
- If 'Yes' a) Where was the physiotherapy provided? (please cross one box)
- General Practice Hospital Home Other
- b) How many physiotherapy sessions did you have?
(please record number of sessions)
- c) Over how many **weeks** did you have your physiotherapy?
2. Do you have a preference for any of the treatments that are being compared in the study?
(please cross one box)
- No preference Physiotherapy Surgery
- a) If you chose 'Surgery' which type of surgery would you have preferred as described in the Patient Information Leaflet? (please cross one box)
- Manipulation under anaesthetic Keyhole surgery No preference
- b) If you do have a preference for any of the study treatments please circle a number below that best describes the strength of your preference.
- 1 2 3 4 5 6 7 8 9 10
- No preference Extreme preference

Section 3: Your expectations that the study treatments will work

1. How effective do you think each of the study treatments would be in relieving you of your shoulder symptoms? (please cross one box for each treatment)
- | Study Treatment | Very ineffective | Fairly ineffective | Can't decide | Fairly effective | Very effective |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Physiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Manipulation under anaesthetic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Keyhole surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Finally, if you would like to discuss further with a member of the study team any reason why you did not want to take part in this study please contact Mrs Rachel Clarkson (Research Nurse) on 01642 854192.

Thank you very much for completing this form and return in the freepost envelope provided.