





Evaluation of Direct Oral Challenge Clinic in a Rural Ontario Setting – Pilot Project – Participant Feedback Survey

Thank you for taking the time to share with us your experience in this study. Participant feedback is an important factor in evaluating the success of programs like these and will be used to develop and improve future programs. Based on your history and interview with the medical team for the Direct Oral Challenge you may have been invited to participate in a Direct Oral Challenge.

For various reasons, some participants in this study may not actually receive the DOC, and some may have been eligible but chose not to take part. We are looking for feedback from all participants, even those who chose not to take part, but were eligible.

Please answer the following questions in relation to your experience with the Direct Oral Challenge (DOC) being conducted by Dr. Malcolm Wilson, Dr. Robert Ohle and Dr. Jennifer Macmillan.

1. Did you receive a DOC as part of the study protocol? (Please circle the appropriate answer) **YES** or **NO**

Please complete the following table (please put a check mark in the appropriate boxes to answer the statements listed in the chart below):

	Strongly Agree	Agree	Disagree	Strongly Disagree
The time of the DOC clinic fit into my schedule well				<u> </u>
I was offered several dates to attend the DOC clinic				
to accommodate my schedule				
The location of the clinic was easy to get to				
I was confident in the determination that I was a low-				
risk candidate				
I felt safe taking the [Amoxicillin] and I was not				
concerned that I would have an allergic reaction				
The DOC location made me feel confident that I				
would receive appropriate treatment if I needed it				
The staff made me feel safe in their care including if I				
needed emergency treatment				
The procedure was explained clearly to me and in				
terms that I understood				
The results of the procedure were explained to me				
clearly				
I would recommend the DOC to other people with a				
low-risk penicillin allergy				

2. We welcome any additional comments that you would like to share about your experience or the study in general (please list your comments below).

We appreciate your feedback and are grateful for your contribution to medical research in Muskoka.

Research ID _____