Initial questionnaire

1. Name: __________________________

2. Phone Number (Day): _____________________

3. Phone Number (Evening): _____________________

4. Date of Birth: (mm/dd/yyyy) ____________________

5. Gender:  □ M  □ F

6. Marital Status:
   □ Single  □ Married  □ Divorced  □ Separated  □ Widowed  □ Other

7. Highest level of education completed: (please check one)
   □ Did not complete high school
   □ Bachelor’s degree
   □ High school
   □ Graduate or Professional degree
   □ Some post-secondary education

8. Household income in the past year, before taxes and deductions:
   □ < $20,000  □ $60,000 – 79,999  □ $150,000
   □ $20,000 – 39,999  □ $80,000 – 99,999
   □ $40,000 – 59,999  □ $100,000 – 149,999

9. Personal perception of health:
   □ Poor  □ Below average  □ Average  □ Above average  □ Excellent

10. If you are 65 years of age or OLDER, please skip this question. If you are UNDER the age of 65, do you have an insurance plan that pays for prescription medications?
    □ Yes  □ No

11. How many different types of prescription medications do you take? _____

12. How many different types of over-the-counter medications or vitamins do you take by mouth? _____

13. On average, how many times in a month do you forget to take your medications?
    □ 0  □ 1-2  □ 3-5  □ 6-9  □ 10+

14. How do you get to the hospital to visit your doctor most of the time? (please select only ONE)
    □ I walk  □ I drive  □ Somebody else drives me
    □ Taxi  □ Bus/Subway  □ Wheel-Trans
    □ Other (please specify) __________________________
15. How long does it normally take you to get to the hospital to visit your doctor?
   - <15 minutes
   - 15-29 minutes
   - 30-44 minutes
   - 45-59 minutes
   - 60 minutes

16. How many years have you been receiving B12 therapy?
   - 0-2 yrs
   - 3-5 yrs
   - 6-10 yrs
   - 11-19 yrs
   - 20 yrs

17. How often do you get your B12 injections?
   - More than once per month
   - Once per month
   - Less than once per month

18. In a typical month, how many times do you see your doctor for reasons other than getting your B12 injection?
   - 0
   - 1
   - 2
   - 3-4
   - 5+

19. Have B12 injections made you feel better?
   - Definitely not
   - Probably not
   - Maybe
   - Probably
   - Definitely

20. How satisfied are you with your B12 treatment?
   - Very unsatisfied
   - Unsatisfied
   - Neutral
   - Satisfied
   - Very satisfied

21. Do you think B12 pills will be as effective as B12 injections?
   - Definitely not
   - Probably not
   - Maybe
   - Probably
   - Definitely
   - Don’t know

22. Has your doctor ever mentioned taking B12 pills instead of injections to you?
   - Yes
   - No

23. What do you feel are the disadvantages of getting B12 by injection? (select all that apply)
   - Shots are painful
   - Risk of complications (e.g., bleeding, infection)
   - Frequent visits to see doctor/nurse
   - Transportation/parking costs
   - Cost to the health care system
   - Other: _________________________________

24. What do you think would be the disadvantages of taking B12 in the form of pills? (select all that apply)
   - I take too many pills already
   - I would have to pay for them
   - I won’t get to see my doctor/nurse as often
   - They won’t work as well as the injections
☐ Other: __________________________________________

25. Would you be willing to participate in a 30-minute interview to tell us more about how you feel about B₁₂ injections and pills?
   ☐ Yes          ☐ No

26. If we provided you with a six (6) month supply of B₁₂ pills free of cost, would you be willing to switch from B₁₂ injections to B₁₂ pills?
   ☐ Yes          ☐ No

27. Please use the space below to share any other comments you may have: