

eAPPENDIX A

SCI Community Personal Opinions and Perspectives on Spinal Cord Stimulation (SCIPOP-SCS) Research Survey

SECTION 1 – BACKGROUND INFORMATION

1. Do you have a spinal cord injury?
 1. Yes, I have a spinal cord injury → SKIP TO INJURY DETAILS QUESTIONS (Q4)
 2. No, I do not have a spinal cord injury → CONTINUE

Non-spinal cord injured stream

IF Q1=2, ASK Q2-3

2. Which of the following applies to you? (select one)
 1. I am a primary/direct caregiver for someone who has a spinal cord injury → DIRECT CAREGIVER
 2. I have a friend or family member who has a spinal cord injury, but I am not their primary caregiver
 3. I am a researcher and/or clinician in the field of spinal cord injury
 4. I have no relationship to the area of spinal cord injury

IF RESPONSE = 2, 3 OR 4: Thank you for your interest but this survey is directed only to those who have a spinal cord injury or their primary/direct caregivers.
3. What best describes your relationship to the person who has the spinal cord injury?
 1. They are my child or grandchild
 2. They are my parent or grandparent
 3. They are my spouse (e.g., wife, husband, partner, boyfriend, girlfriend, common-law partner)
 4. They are my friend
 5. They are my extended family (e.g., aunt, cousin, uncle)
 6. I am a paid caregiver/care provider
 96. Other _____

Injury Details

4. Which one of the following best describes (DIRECT CAREGIVER their/ INJURED RESPONDENT your) spinal cord injury? (check one)
 1. Tetraplegia – an injury that has affected (DIRECT CAREGIVER their/ INJURED RESPONDENT your) arms, hands, trunk and legs (also referred to as quadriplegia)
 2. Paraplegia – an injury that has affected (DIRECT CAREGIVER their/ INJURED RESPONDENT your) trunk and legs (includes cauda equina)
 99. Not sure/ Don't know
5. Which one of the following best describes where (DIRECT CAREGIVER their/ INJURED RESPONDENT your) spinal cord is injured? (check one)
 1. Cervical level C1-4 (upper neck)
 2. Cervical level C5-8 (lower neck)
 3. Thoracic level T1-T12 (upper/mid back)
 4. Lumbar/sacral level L1-S5 (lower back)
 96. Other: _____
 99. Not sure/ Don't know
6. What best describes the severity of (DIRECT CAREGIVER their/ INJURED RESPONDENT your) injury? (Note: the severity of an SCI is commonly classified using ASIA Impairment Scale grades)
 1. Grade A – complete lack of motor and sensory function below level of injury
 2. Grade B – an incomplete injury, some sensation below the level of the injury but not muscle movement

3. Grade C – an incomplete injury, some muscle movement is spared below the level of injury but 50% of the muscles below the level of injury cannot move against gravity
4. Grade D – an incomplete injury, most (more than 50%) of the muscles are spared below the level of injury and are strong enough to move against gravity
99. Not sure/ Don't know
7. What was the cause of (DIRECT CAREGIVER their/ INJURED RESPONDENT your) spinal cord injury? (check one)
 1. Assault – (striking, gunshot, stab wound, hit with an object, etc.)
 2. Fall – (falling from height or ground level, stumbling, slipping or tripping, etc.)
 3. Sports – (any type of sport or exercise, including biking, horseback riding, jogging, cliff-jumping, diving, etc.)
 4. Transport – (crashes and other injurious events occurring in the course of transportation, including car, truck, ATV, motorcycle, boat, etc.)
 5. Non-traumatic spinal cord dysfunction (tumor, infection, stroke within the spinal cord, degenerative spine, congenital, surgical complication)
 96. Other cause: _____
8. What year were (DIRECT CAREGIVER they/ INJURED RESPONDENT you) born? <drop down menu>
(2002 and earlier)
98. Prefer not to answer

IF Q7 = 1, 2, 3, 4 OR 99

9. What year were (DIRECT CAREGIVER they/ INJURED RESPONDENT you) injured?
####

IF Q7 = 5

10. What was the approximate year (DIRECT CAREGIVER they/ INJURED RESPONDENT you) began to have symptoms relating to (DIRECT CAREGIVER their/ INJURED RESPONDENT your) spinal cord dysfunction?
####

Demographics

11. What was (DIRECT CAREGIVER their/ INJURED RESPONDENT your) sex at birth?
 1. Male
 2. Female
 3. Another sex
 98. Prefer not to answer
12. Do (DIRECT CAREGIVER they/ INJURED RESPONDENT you) identify as...
 1. Male
 2. Female
 3. Non-binary
 4. Another gender: _____
 98. Prefer not to answer
13. What is your country of residence?
<drop-down list>
98. Prefer not to answer

Current level of knowledge and experience with spinal cord stimulation

14. (DIRECT CAREGIVER As a caregiver,) how informed do you consider yourself on the topic of spinal cord stimulation?
1. Not at all informed
 2. Not very informed
 3. Moderately informed
 4. Very informed
 5. Extremely informed
15. (DIRECT CAREGIVER As a caregiver,) where do you get information on spinal cord stimulation? Select all that apply.
1. Internet search
 2. Family/friends/peers with SCI
 3. News media stories
 4. Published research or conference presentations
 5. Healthcare provider(s)
 6. Spoken with someone who has personal experience with spinal cord stimulation therapy
 96. Other: _____
 99. Not sure/ Don't know

SKIP TO Q24 IF Q14 = 1

16. Please select any of the following that apply with respect to (DIRECT CAREGIVER their/ INJURED RESPONDENT your) personal experience with receiving spinal cord stimulation therapy.
1. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have been a participant in a transcutaneous spinal cord stimulation (**a clinical trial**)
 2. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have been a participant in an epidural (implanted) spinal cord stimulation (**a clinical trial**)
 3. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have personally paid to be implanted with an epidural spinal cord stimulator (**in other words, outside of a clinical trial**)
 4. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have personally paid to have transcutaneous spinal cord stimulation therapy (**in other words, outside of a clinical trial**)
 5. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have been implanted with an epidural spinal cord stimulator for pain reduction in the past
 6. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have applied to a transcutaneous or epidural spinal cord stimulation clinical trial but have not been selected for participation
 7. (DIRECT CAREGIVER They/ INJURED RESPONDENT I) have been accepted into a transcutaneous or epidural spinal cord stimulation clinical trial but have not yet begun the trial
 9. No, (DIRECT CAREGIVER they/ INJURED RESPONDENT I) do not have personal experience with spinal cord stimulation

Q16 SKIP LOGIC

- IF 1, 2, 3 OR 4 PLUS ANOTHER, ASK Q16b TO Q21 ONLY, THANK AND EXIT.
- IF 5 OR 5 PLUS 6, 7 OR 9, SKIP TO Q22,23 THEN SKIP TO Q25 AND REMAINDER OF SURVEY
- IF 6, 7 OR 9 SKIP TO Q24 AND REMAINDER OF SURVEY

Experience with spinal cord stimulation in the past (excluding pain)

- 16b. In what area of (DIRECT CAREGIVER their/ INJURED RESPONDENT your) spinal cord did (DIRECT CAREGIVER They/ INJURED RESPONDENT you) receive the stimulation? (select all that apply)

- Cervical level C1-4 (upper neck)
- Cervical level C5-8 (lower neck)
- Thoracic level T1-T11 (upper/mid back)
- Lumbar/sacral level L1-S5 (lower back)

96. Other: _____

99. Not sure/ Don't know

17a. From the list below, please select the 5 top priorities for improved outcomes that you (DIRECT CAREGIVER, as a caregiver,) wanted or hoped for from (DIRECT CAREGIVER their/INJURED PERSON your) spinal cord stimulation experience. (Note: we want to assess the top priorities for spinal cord stimulation and realize that all outcomes listed are important).

- Respiratory function
- Upper body function (shoulders, arms, hands)
- Fine motor skill (hands, fingers)
- Standing & walking
- Balance
- Bowel function
- Bladder function
- Sexual function
- Temperature regulation
- Reduce spasticity/spasticity management
- Reduce pain/pain management
- Circulation and blood flow
- Skin health
- Improve cardiovascular health
- Manage autonomic dysreflexia
- Manage/prevent low blood pressure

96. Other: _____

17b. The top priorities that you (DIRECT CAREGIVER, as a caregiver,) previously selected for improved outcomes that you wanted or hoped for are below, and we would like you to rank them in order of importance. Clicking in the box to the right will automatically enter a number. Continue until all the boxes contain the numbers that properly rank your priorities in order. If you need to re-prioritize, simply click in the boxes and start over.

	First Most Important	Second	Third	Fourth	Fifth Most Important
priority					
priority					
priority					
priority					
priority					

18. If (DIRECT CAREGIVER they/INJURED PERSON you) have experienced any improvements from (DIRECT CAREGIVER their/INJURED PERSON your) spinal cord stimulation therapy please list them below.

97. No improvements experienced

19. If (DIRECT CAREGIVER they/INJURED PERSON you) have experienced any negative side effects from (DIRECT CAREGIVER they/INJURED PERSON your) spinal cord stimulation therapy please list them below.

97. No negative side effects experienced

20. Based on (DIRECT CAREGIVER their/INJURED PERSON your) spinal cord stimulation experience, would you say that (DIRECT CAREGIVER they/INJURED PERSON you) gained meaningful benefit to any of the following? (YES/ NO FOR EACH)
- Ability to transfer (e.g., in/out of wheelchair, bed, etc.)
 - Ability to wash, feed (DIRECT CAREGIVER themselves/ INJURED PERSON yourself), groom and dress/undress
 - Performing bowel and/or bladder care
 - Returning to work or activities preparing (DIRECT CAREGIVER them/ INJURED PERSON you) to return to work
 - Performing household activities (e.g., preparing meals, housework, finances etc.)
 - Ability to communicate with others (e.g., speaking, writing, electronically, etc.)
 - Ability to carry out family responsibilities (e.g., parenting, educating children, taking care of family members, etc.)
 - Participating in hobbies, socializing and activities
 - (DIRECT CAREGIVER Their/ INJURED RESPONDENT Your) Self-image and mental well-being
 - Maintaining physical health (e.g., exercise)
 - Maintaining or forming intimate partner relationships
 - Mobility inside the home (e.g., wheeling or walking from place to place)
 - Mobility outside the home for accessing services, running errands, etc. (to easily get [DIRECT CAREGIVER themselves/ INJURED RESPONDENT yourself] from point A to point B by any mode of transportation)
 - Ability to travel for holidays
 - Reducing fatigue (e.g., increased energy)
 - Decreasing dependence on prescriptions/drugs
 - Less reliance on caregivers
- 20b. Please provide any other meaningful benefits that (DIRECT CAREGIVER they/INJURED PERSON you) gained from (DIRECT CAREGIVER their/INJURED PERSON your) spinal cord stimulation experience.

97. No other meaningful benefits

21. Please provide anything else you (DIRECT CAREGIVER, as a caregiver,) would like to share about (DIRECT CAREGIVER their/INJURED PERSON your) spinal cord stimulation experience?

97. Nothing else to share
SKIP TO END

Experience with epidural spinal cord stimulation for pain

22. Was epidural spinal cord stimulation effective for decreasing (DIRECT CAREGIVER their/INJURED PERSON your) pain?
1. Yes
 2. No
23. Do (DIRECT CAREGIVER they/INJURED PERSON you) still have the stimulator implanted?
3. Yes – skip to Q25 and remaining of survey
 4. No – skip to Q25 and remaining of survey

NO experience

- 24. Have you (DIRECT CAREGIVER, as a caregiver,) previously asked a health care professional (e.g., doctor, nurse, physical therapist, etc.) about spinal cord stimulation?
 - 5. Yes, and they provided me with useful information
 - 6. Yes, but they were not well informed
 - 7. No

SECTION 2 – WANTS AND EXPECTATIONS

Priorities for desired outcomes (from spinal cord stim therapy)

- 25. From the list below, please select the 5 top priorities for improved outcomes as a result **from spinal cord stimulation** which (DIRECT CAREGIVER you, as a caregiver for someone with an SCI) would (DIRECT CAREGIVER want to) significantly improve (DIRECT CAREGIVER their/ INJURED RESPONDENT your) life. (Note: we want to assess the top priorities for spinal cord stimulation and realize that all outcomes listed are important).
 - Respiratory function
 - Upper body function (shoulders, arms, hands)
 - Fine motor skill (hands, fingers)
 - Standing & walking
 - Balance
 - Bowel function
 - Bladder function
 - Sexual function
 - Temperature regulation
 - Reduce spasticity/spasticity management
 - Reduce pain/pain management
 - Circulation and blood flow
 - Skin health
 - Improve cardiovascular health
 - Manage autonomic dysreflexia
 - Manage/prevent low blood pressure
 - 96. Other: _____

26. The top priorities for improved outcomes you previously selected (DIRECT CAREGIVER for the person in your care) are below, and we would like you to rank them in order of importance. Clicking in the box to the right will automatically enter a number. Continue until all the boxes contain the numbers that properly rank your priorities in order. If you need to re-prioritize, simply click in the boxes and start over.

	First Most Important	Second	Third	Fourth	Fifth Most Important
priority					
priority					
priority					
priority					
priority					

What you would consider a meaningful benefit from spinal stim therapy

27. How important would each of the following be in terms of having meaningful benefit to (DIRECT CAREGIVER the person in your care/ INJURED RESPONDENT you) as a result of **spinal cord stimulation therapy**?

	Not at all important	Not very important	Moderately Important	Very important	Extremely important
Improvement in:	1	2	3	4	5
a) ability to transfer (e.g., out of wheelchair, bed, etc.)					
b) Ability to wash, feed (DIRECT CAREGIVER themselves/ INJURED RESPONDENT yourself), groom and dress/undress					
c) Performing bowel and/or bladder care					
d) Returning to work or activities preparing (DIRECT CAREGIVER them/ INJURED RESPONDENT you) to return to work					
e) Performing household activities (e.g., preparing meals, housework, finances etc.)					
f) Ability to communicate with others (e.g., speaking, writing, electronically, etc.)					
g) Ability to carry out family responsibilities (e.g. parenting, educating children, taking care of family members, etc.)					
h) Participating in hobbies, socializing and activities					
i) (DIRECT CAREGIVER Their/ INJURED RESPONDENT Your) Self-image and mental well-being					
j) Maintaining physical health (e.g. exercise)					
k) Maintaining or forming intimate partner relationships					
l) Mobility inside the home (e.g., wheeling or walking from place to place)					
m) Mobility outside the home for accessing services, running errands, etc. (to <u>easily</u> get [DIRECT CAREGIVER themselves/ INJURED RESPONDENT yourself] from point A to point B by any mode of transportation, e.g., walking, wheeling or driving)					
n) Ability to travel for holidays					
o) Reducing fatigue (e.g., increased energy)					
p) Decreasing dependence on prescriptions/drugs					
q) Less reliance on caregivers					

27b. Anything else that you would consider to be of meaningful benefit as a result of **spinal cord stimulation therapy**?

97. No other meaningful benefit

Expectations from spinal cord stimulation

28. In what type of scenario would you be comfortable (DIRECT CAREGIVER with them) turning on a spinal cord stimulation device (i.e., activating the electrical stimulation)? (Check all that apply)
1. At home
 2. In the community while going about usually daily activities (e.g. driving, working, errands, socializing, etc.)
 3. At a private/public gym (e.g., fitness club, community centre, etc.)
 4. At a specialized rehabilitation facility
 5. In a doctor's office
 96. Other: _____
29. If spinal cord stimulators become widely available for functional improvement after SCI, who do you (DIRECT CAREGIVER, as a caregiver,) think should have control over the stimulation parameters (frequency, amplitude of stimulation, location of active electrode, etc.)? Please check all that apply.
1. Doctors or clinicians trained in using spinal cord stimulators
 2. Manufacturer device representatives
 3. Individuals with spinal cord injury, within limits preprogrammed into the device based on the targeted function you are looking to restore (i.e. only able to activate electrode array that has been shown to work for motor function restoration if that is the intended treatment priority)
 4. Individuals with spinal cord injury within safety limits only
 96. Other _____

In spinal cord stimulation clinical trials the stimulation is often done alongside an intensive training protocol (either in a research facility, rehab centre or at home). The following questions are meant to gauge expectations of the training protocol associated with spinal cord stimulation to inform future clinical trials; as such they are not based on current evidence but are hypothetical examples.

30. Are you willing to (DIRECT CAREGIVER help) follow a specific training/rehabilitation protocol as part of a spinal cord stimulation clinical trial?
- 1) Yes
 - 2) No – SKIP to Q34

IF Q30 = 1, ASK Q31-33

31. Where would you prefer to (DIRECT CAREGIVER help) do the training/rehabilitation associated with a spinal cord stimulation clinical trial? Select one.
- Home
Gym
Rehabilitation facility
Doctor's office
Other: _____
32. With whom would you prefer to (DIRECT CAREGIVER help) do the training/rehabilitation with? Select all that apply.

(DIRECT CAREGIVER myself along with the person in my care/ INJURED PERSON alone)
(DO NOT SHOW IF DIRECT CAREGIVER) personal care assistant or caregiver

family member

personal trainer

physical therapist

doctor

doctor who specializes in SCI rehab

Other: _____

33. For the training/rehabilitation associated with a spinal cord stimulation clinical trial:
- About how many sessions per week do you think you would be willing to (DIRECT CAREGIVER help) do?
ENTER #: __/Week
 - About how many hours per session? (Note: does not include travel time)
 - 1 hour
 - 2 hours
 - 3 hours
 - 4 hours
 - 5 or more hours
 - About how long would you be committed to trying the hours per week you mentioned as part of a clinical trial?
 - 1 month to less than 3 months
 - 3 months to less than 6 months
 - 6 months to less than a year
 - 1 to less than 2 years
 - 2 years or longer
34. Would you be willing to relocate (for up to 1 year) to (DIRECT CAREGIVER help) participate in a spinal cord stimulation clinical trial?
- Yes
 - No
35. How soon after initial treatment would you expect to see a minimum meaningful benefit? (Note: these are hypothetical time frames not based on current evidence)
- Immediately to within a week
 - 1 week to less than 1 month
 - 1 month to less than 3 months
 - 3 months to less than 6 months
 - 6 months to less than a year
 - 1 year or more

SECTION 3 – CONCERNS

36. What are some barriers that may prevent or have previously prevented (DIRECT CAREGIVER their/INJURED PERSON your) participation in a spinal cord stimulation clinical trial? (select all that apply)
- Out-of-pocket expenses (lost wages, cost of relocating, etc.)
 - Time commitment
 - Location – unable to relocate for study duration
 - Distance to study centre – length of time willing to travel
 - Personal support services required to undertake therapy
 - Awareness of therapy
 - Uncertainty of efficacy of therapy/unresponsiveness to treatment

8. Fear of side effect/complication
9. Not wanting to change current physical state of function
- 10 Current body state (e.g., muscle atrophy, bone density, etc.) might prevent (INJURED PERSON me/ DIRECT CAREGIVER them) from having meaningful improvement
11. Did not meet the inclusion criteria for the trial
12. Unsure
96. Other: _____
97. No barriers prevent or prevented (DIRECT CAREGIVER them/INJURED PERSON me) from participating

Responders vs. non-responders

Currently, it is unknown if every person who receives spinal cord stimulation will see meaningful improvements from the treatment.

37. How soon after initial spinal cord stimulation treatment would you (DIRECT CAREGIVER, as a caregiver,) be disappointed or regretful if you did not see any improvement? (Note: These are hypothetical time frames not based on current evidence)
 1. Immediately to within a week
 2. 1 week to less than 1 month
 3. 1 month to less than 3 months
 4. 3 months to less than 6 months
 5. 6 months to less than a year
 6. 1 year or more
 7. Never (but no regrets about trying)

We are asking the next question to gather information on what people are willing to pay for spinal cord stimulation therapy, if it is proven safe and effective for people living with a spinal cord injury. Since we are uncertain what the exact “therapy” will look like, the costs listed below are only estimates. This information could inform device manufacturers, funders and insurance providers.

38. How much would you be willing to pay out-of-pocket for the spinal cord stimulation therapy in your country of residence (this would include device cost and subsequent therapy). Please respond in USD. If you require a currency converter, please use the one provided below.
 1. \$200,000 or more
 2. \$100,000 to less than \$200,000
 3. \$50,000 to less than \$100,000
 4. \$10,000 to less than \$50,000
 5. \$5,000 to less than \$10,000
 6. \$1,000 to less than \$5,000
 7. Under \$1,000
 8. Unable to pay due to financial circumstances, but would if able
 9. Able to pay, but would not because health insurance should cover
 97. Would not pay under any circumstance

INSERT CANADA CURRENCY CONVERTER

Level of risk

The next set of questions are being asked to assess your level of risk (DIRECT CAREGIVER, as a caregiver) with spinal cord stimulation therapy.

There has not been a lot of information available on complications associated with spinal cord stimulation therapy in persons with spinal cord injury. The risks shown below are included based on what has been published for similar devices used for pain reduction and initial trials for persons with spinal cord injury. Therefore, the potential risks may change with new evidence from ongoing clinical trials.

39. When thinking about spinal cord stimulation, please enter your level of concern for each risk (DIRECT CAREGIVER as a caregiver).

	1 – Not at all concerned	2 – Not very concerned	3 – Moderately concerned	4 – Very concerned	5 – Extremely concerned	Don't know
Chance of additional surgery due to complication with device (electrode migration, infection, fluid collection, etc.)						
Chance of pain over the implant or at incision						
Chance of an infection requiring antibiotics						
Chance of further loss of function						
Injuries while performing intensive physical training with stimulator (e.g., broken bone, skin abrasion, concussion, etc.)						
Chance of increased spasticity						
Chance of increased neuropathic pain						
Chance of skin breakdown over implant						
Chance of skin irritation/allergic reaction						
Chance of unnatural, but not painful, sensations						
Approximately 1 week of post-operative recovery						
Periodic doctor visits for device problems (e.g., battery, programming, etc.)						
Inability to have an MRI (Magnetic Resonance Imaging) due to implanted metal device (epidural stimulator)						

40. Besides the complications listed above, do you (DIRECT CAREGIVER as a caregiver) have any other concerns?

97. No other concerns

Overall demand for spinal cord stimulation therapy

Given what you currently know about spinal cord stimulation we would like to assess your overall interest in spinal cord stimulation as a potential therapy (DIRECT CAREGIVER for the person in your care) and (DIRECT CAREGIVER your) willingness to (DIRECT CAREGIVER support them to) participate in a clinical trial.

41a. Are you interested in transcutaneous (over the skin) spinal cord stimulation as a potential therapy (DIRECT CAREGIVER for the person in your care)?

1. Yes, I am interested
2. No, I am not interested
99. Not sure/ Don't know

IF Q41a = 2

41b. Please tell us why you are not interested in transcutaneous (over the skin) spinal cord stimulation as a potential therapy (DIRECT CAREGIVER for the person in your care)?

If Q41a = 1 OR 99

42a. Are you interested in (DIRECT CAREGIVER supporting the person in your care to participate/ INJURED PERSON participating) in a transcutaneous (over the skin) spinal cord stimulation clinical trial?

1. Yes, but (DIRECT CAREGIVER they/INJURED PERSON I) have not applied
2. Yes, (DIRECT CAREGIVER they/INJURED PERSON I) have applied but (DIRECT CAREGIVER were INJURED PERSON was) not selected
3. Yes, DIRECT CAREGIVER they/INJURED PERSON I) have applied and (DIRECT CAREGIVER are /INJURED PERSON am) waiting a response
4. No, I am currently not interested
5. 99. Not sure/ Don't know

IF Q42a = 4

42b. Please tell us why you are not interested in (DIRECT CAREGIVER supporting the person in your care to participate) participating in a transcutaneous (over the skin) spinal cord stimulation clinical trial?

43a. Are you interested in an epidural (implanted) spinal cord stimulation as a potential therapy (DIRECT CAREGIVER for the person in your care)?

1. Yes, I am interested
2. No, I am not interested
99. Not sure/ Don't know

IF Q43a = 2

43b. Please tell us why you are not interested in an epidural (implanted) cord stimulation as a potential therapy (DIRECT CAREGIVER for the person in your care)?

If Q43a = 1 or 99

- 44a. Are you interested in (DIRECT CAREGIVER supporting the person in your care to participate) participating in an epidural (implanted) spinal cord stimulation clinical trial?
1. Yes, but (DIRECT CAREGIVER they/INJURED PERSON I) have not applied
 2. Yes, (DIRECT CAREGIVER they/INJURED PERSON I) have applied but (DIRECT CAREGIVER were INJURED PERSON was) not selected
 3. Yes, (DIRECT CAREGIVER they/INJURED PERSON I) have applied and (DIRECT CAREGIVER are /INJURED PERSON am) waiting a response
 4. No, I am currently not interested
 99. Not sure/ Don't know

IF Q44a = 4

- 44b. Please tell us why you are not interested in (DIRECT CAREGIVER supporting the person in your care to participate in) an epidural (implanted) cord stimulation clinical trial?
-

End

45. Finally, if you (DIRECT CAREGIVER, as a caregiver) have any other comments or suggestions on this topic, please provide them here.
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97. I have nothing more to add

Thank you for participating and providing your valuable opinions and perspectives to this important survey!

You may now close your browser.