【3】-1 Survey of nursing staff attitudes (*before installation of the device)

Staff ID	Date filled in
	MM DD

Properties (Please circle all that apply)			
Sex	M・F	Age Range	10≤ ・ 20≤ ・ 30≤ ・ 40≤ ・ 50≤ ・ 60≤ ・ 70≤～
Height	<150cm・ 150≤ ・160≤ ・ 170≤・ 180cm≤		
Weight	<40kg・ 40≤・ 50≤ ・60≤ ・ 70≤ ・ 80kg≤		

Qualifications held (Please answer only if you are a care worker)			
Qualifications	(1) Helper Level 1, (2) Helper Level 2, (3) Care Worker, (4) Social Worker, (5) Public Health Nurse, (6) Nurses, (7) Licensed Practical Nurses, (8) Physical Therapists, (9) Occupational Therapists, (10) Speech Therapists, (11) Counselor for welfare equipment, (12) Prosthetician	Years of experience	y M

Please circle all that apply.

1. Installation of equipment

(1) Have you ever used the robotic care device that we are planning to introduce?

1 Yes → Years of use: years months

2 No

3 Not sure

(Only if you have never used this service before)

(2) Did you know about the device we are installing?

1 I knew what it was like. 3 Don't know

2 I'd heard stories about it. 4 Not sure

(3) Have you ever used (tried) any other transfer aids?

1 Yes → Name of equipment used ( )

2 No

3 Not sure

(4) How do you feel about the device we are installing? (Please circle the answer that best describes the situation)

1) Impact on caregivers using the device	Agree	Somewhat agree	Somewhat disagree	Disagree
A Do you expect that the use of Hug will reduce physical burden?	1	2	3	4
B Do you expect to have sufficient mental capacity when performing transfers using Hug?	1	2	3	4
C Do you expect that communication with the care recipient will be increased by the use of Hug?	1	2	3	4
2) Impact on the target care recipient using the device	Agree	Somewhat agree	Somewhat disagree	Disagree
A More secure than human care	1	2	3	4
B Worried about safety	1	2	3	4
C Worried about hygiene	1	2	3	4

2. the equipment to be installed

Please tick the three items you think are the most important for the equipment you are installing.

☐1. Size (height, length, width)
☐2. Weight
☐3. Ease of adjustment
☐4. Safety features
☐5. Durability
☐6. Ease of use
☐7. Comfort of use
☐8. Effectiveness
☐9. Acquisition procedure and duration
☐10. Repairs and maintenance
☐11. Expert guidance and advice
☐12. After-sales service

The following questions are free text.

3. the impact of installing the equipment

What do you think would be good and bad points about the introduction of care equipment in the future?

【3】-2 Survey of nursing staff attitudes (*after installation of the device)

Staff ID			Date filled in	
			MM	DD

Number of times you have used the device in the past month (approximate number)				
0	1-4	5-10	10-19	20<

1. How do you feel about the equipment you have installed? (Please circle the answer that best applies to you)				
1) Impact on caregivers using the device	Agree	Somewhat agree	Somewhat disagree	Disagree
A Was physical burden reduced by the use of Hug?	1	2	3	4
B Did you have sufficient mental capacity when performing transfers using Hug?	1	2	3	4
C Was communication with the care recipient increased by the use of Hug?	1	2	3	4
2) Impact on the target care recipient using the device	Agree	Somewhat agree	Somewhat disagree	Disagree
A Increased range of activities for those introduced.	1	2	3	4
B Increased social participation of the target group	1	2	3	4
C Increased speech production in the target group	1	2	3	4
D A change in the expression of the target group (e.g. more smiles)	1	2	3	4
(2) Would you like to use the new equipment in the future for your care work?				
A I would like to use this service → Reason ( )				
B I would rather use this service → Reason ( )				
C I would rather not use this service → Reason ( )				
D I don't want to use this service → Reason ( )				
E Not sure				

2. satisfaction with the equipment installed					
Please circle the most relevant item for the equipment you have installed	Not at all satisfied	Not really satisfied	Somewhat satisfied	Satisfied	Very satisfied
1 How satisfied are you with the size (height, length, width) of the device?	1	2	3	4	5
2 How satisfied are you with the weight of the device?	1	2	3	4	5
3 How satisfied are you with the adjustability of the device (how the parts are fitted and adjusted)?	1	2	3	4	5
4 How satisfied are you with the safety of the device?	1	2	3	4	5
5 How satisfied are you with the durability of the device?	1	2	3	4	5
6 How satisfied are you with the user-friendliness (ease of use) of the device?	1	2	3	4	5
7 How satisfied are you with the comfort of the device?	1	2	3	4	5
8 How satisfied are you with the effectiveness of the device? Please think about how well it meets your needs (expected effects).	1	2	3	4	5
9 How satisfied are you with the process and time taken to obtain the device (procedure and time taken to obtain)?	1	2	3	4	5
10 How satisfied are you with the repair and maintenance service of the device?	1	2	3	4	5
11 How satisfied are you with the guidance and advice (e.g. information, precautions) given by the professional when you acquired the device?	1	2	3	4	5
12 How satisfied are you with the after-sales service for the device?	1	2	3	4	5

The following questions are free text.

3. the impact of installing the equipment
1.Positive changes in overall care services following the introduction of care equipment.

2.Negative changes in overall care services following the introduction of care equipment.

3. Please fill in any comments or suggestions you have about the care equipment you have installed.