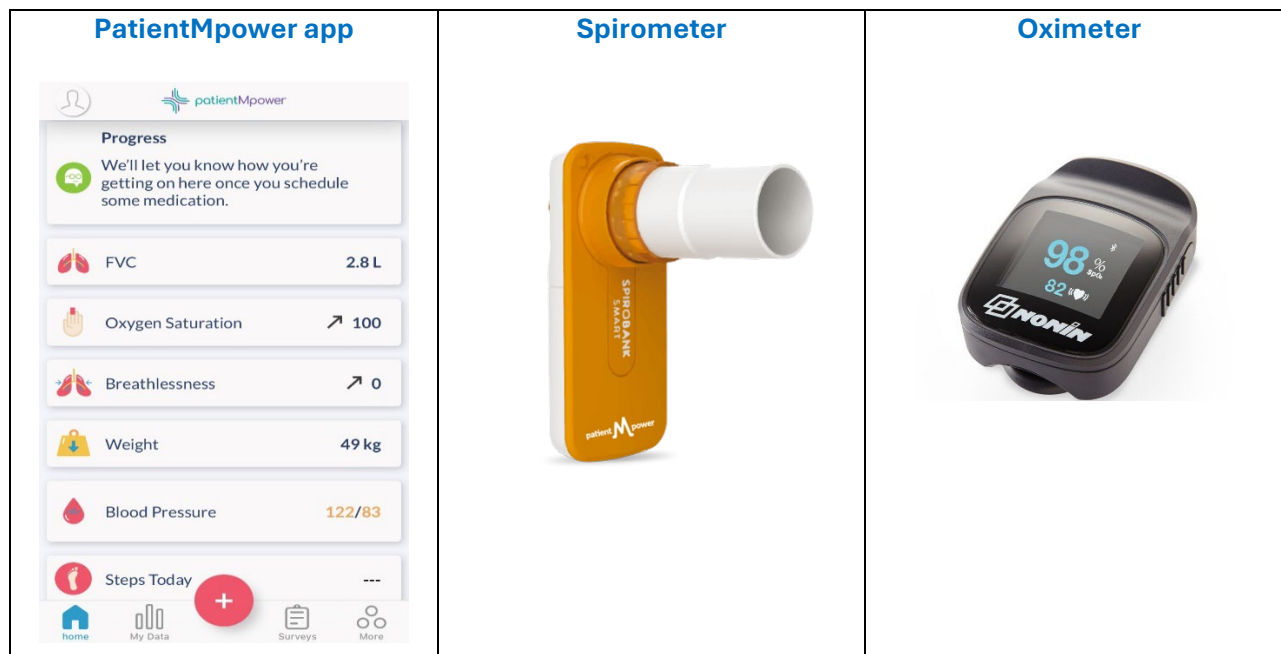


## QUESTIONNAIRE FOR HOME MONITORING

Thank you for taking part in this survey to assess the feasibility of remote monitoring of patients with interstitial lung disease. Please mark **X** to indicate your answer. This should take less than 10 minutes to complete.



### **Section A: Setting up**

How easy did you find the set up process?

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

Did you require any assistance in setting up the process?

- ☐ Yes
- ☐ No

If Yes: who?

- ☐ Family member
- ☐ Healthcare worker
- ☐ PatientMpower Helpdesk
- ☐ Friend

## **Section B: Using the app and devices**

Did you find the **patientMpower app** easy to use?

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

Did you find the **spirometer** easy to use?

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

Did you find the **oximeter** easy to use?

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

How often are you using the devices?

- ☐ Everyday
- ☐ 2-3 times/week
- ☐ 4-6 times/week
- ☐ Weekly
- ☐ 2-3 times/month
- ☐ Monthly
- ☐ Other (please specify): \_\_\_\_\_

How often do you think it is useful to monitor your breathing?

- ☐ Everyday
- ☐ 2-3 times/week
- ☐ 4-6 times/week
- ☐ Weekly
- ☐ 2-3 times/month
- ☐ Monthly
- ☐ Never
- ☐ Other (please specify): \_\_\_\_\_

What is stopping you from using the devices regularly?(*You may choose one or more options*)

- ☐ Cough
- ☐ Breathlessness
- ☐ Anxious
- ☐ Forgetting to use
- ☐ Waiting for a family member to assist me

- ☐ Recurrent chest infections
- ☐ Problems with the device(s)
- ☐ Not interested
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Nothing is stopping me, I use them regularly

Did you have any technical issues using the app/spirometer/oximeter?

- ☐ Yes. If Yes, please specify issue(s): \_\_\_\_\_
- ☐ No

Did you find it difficult to get accurate readings of your oxygen levels because your fingers were cold?

- ☐ Yes
- ☐ No

Did a hand problem make it difficult for you to use the devices?

- ☐ Yes
- ☐ No

### **Section C: Benefit**

Did you find it **easy** to monitor your breathing?

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

Did you find it **useful** to monitor your breathing?

- ☐ Very useful
- ☐ Useful
- ☐ Neither
- ☐ Not useful
- ☐ Very not useful

Does monitoring your breathing at home increase your confidence in managing your lung condition?

- ☐ Yes
- ☐ No

Did you gain more understanding of your disease by monitoring your lung function at home?

- ☐ Yes
- ☐ No

Does seeing your results on the app make you feel anxious/worried?

- ☐ Yes
- ☐ No

Do you find it difficult to keep using the **spirometer** over the long term?

- ☐ Yes. If Yes, please specify reason(s): \_\_\_\_\_
- ☐ No

Do you find it difficult to keep using the **oximeter** over the long term?

- ☐ Yes. If Yes, please specify reason(s): \_\_\_\_\_
- ☐ No

Would you like to replace some of your hospital visits with video consultations in the future?

- ☐ Yes
- ☐ No
- If No, why? \_\_\_\_\_

Would you recommend home monitoring to others?

- ☐ Yes
- ☐ No. If No, why? \_\_\_\_\_

Do you want to continue to monitor your breathing after the end of the project?

- ☐ Yes
- ☐ No

Please provide any comments and/or feedback you may have regarding the technology and the home monitoring process:

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