# **Qualitative Survey on IT experience: Adults**

Before starting VR:

1. How do you feel about having the Virtual Reality experience today?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nervous | 1 | 2 | 3 | 4 | 5 | Excited |

At the end of VR:

1. How satisfied are you with the VR experience today?

(Use 5 point scale)

* + Totally satisfied
  + Somewhat satisfied
  + Neutral
  + Somewhat unsatisfied
  + Totally unsatisfied

1. Would you use VR again if offered for future intrathecal administration? (Use 5 point scale)

* Definitely
* Probably
* Neutral
* Probably not
* Definitely not

1. Comparing this injection visit with VR, to the visit without VR, how did you feel the time passed?

* Much faster
* Somewhat faster
* No difference
* Somewhat slower
* Much slower

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much slower | Somewhat faster | No difference | Somewhat faster | Much faster |
| 1 | 2 | 3 | 4 | 5 |

1. Considering your virtual reality experience, how likely are you to recommend VR to another patient treated by intrathecal administration?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. How would you describe your Virtual Reality experience in a short sentence or a few words?

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# Children under 12 years old survey

**Before starting:**

1. How do you feel about using these goggles to watch a video today?  
     

**At the end of VR :**

1. How much did you like using these goggles today?  
     
2. Next time you come to the hospital, would you like to use these goggles again?  
       
    **No**  **Not sure**  **Yes**
3. Compare this injection visit to the hospital with your previous one, how did time pass?  
     

**Slower**  **Same time** **Faster**

1. How did you feel during this injection visit in comparison with your previous one?   
        
   **More scared**  **Same as last time** **Less scared**
2. Would you want your friends to use these goggles if they come to the hospital?   
       
    **No**  **Not sure**  **Yes**
3. If one of your friends asked you how your experience with the goggles was like today, how would you describe it to them?   
   *You can draw or write a few sentences.*

|  |
| --- |
|  |

**The custom caregiver satisfaction survey to evaluate the patient's experience is as follows: (for caregivers present on the day of IT administration)** [**[1]**](https://biib.sharepoint.com/sites/BDHGlobalMedicalOffice/Shared%20Documents/Projects/Capsule/Capsule_Protocol_V0.1_20210907_Oct%2015.docx#_msocom_1)

Before starting VR:

1. How do you feel about your child/charge having the Virtual Reality experience today?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nervous | 1 | 2 | 3 | 4 | 5 | Excited |

At the end of VR:

1. How did your child/charge seem during the IT injection today with VR compared to previously without VR? (5 point scale)

* Much calmer
* Somewhat calmer
* Same
* Somewhat more anxious
* Much more anxious

1. Would you want your child/charge to use VR again if offered for future intrathecal administration? (5 point scale)

* Definitely
* Probably
* Neutral
* Probably not
* Definitely not

4. Considering your child/charge’s virtual reality experience, how likely are you to recommend VR to another patient treated by intrathecal administration?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**The custom care team’ satisfaction survey to evaluate the patient's experience is as follows:**

1. How satisfied are you with the VR experience for the patient today?

(Use 5 point scale)

* + Totally satisfied
  + Somewhat satisfied
  + Neutral
  + Somewhat unsatisfied
  + Totally unsatisfied

1. Did the VR experience impede your work during the IT injection? (5 point scale)

* Significantly
* Somewhat
* Undecided
* Not really
* Not at all

1. Would you incorporate virtual reality into your clinical practice for IT? (5 point scale)

* Definitely
* Probably
* Neutral
* Probably not
* Definitely not

1. Considering your patient’s virtual reality experience, how likely are you to recommend VR to another patient treated by intrathecal administration? (NPS Scale)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Please provide any further relevant comments.