

SMARTBEAR FOCUS GROUP CLINICIANS

QUESTIONNAIRE

Clinician's characterization

Q1. Clinician's ID

Q2. Age

Q3. Gender M ☐ F ☐

Q4. Occupation

Q5. Do you treat any of the following conditions?

Please check (✓) all that apply for you and feel free to add any further comments

<i>Hearing loss</i>	<input type="radio"/>	<i>Dementia</i>	<input type="radio"/>
<i>Imbalance</i>	<input type="radio"/>	<i>Falls</i>	<input type="radio"/>
<i>Anxiety</i>	<input type="radio"/>	<i>Stress</i>	<input type="radio"/>
<i>High blood pressure</i>	<input type="radio"/>	<i>Depression</i>	<input type="radio"/>
<i>Ischemic heart disease</i>	<input type="radio"/>	<i>Arrhythmias</i>	<input type="radio"/>

Q6. Experience

Years spent treating this medical condition

Q7. Remote monitoring

Have you ever been dealing with remote monitoring technology?

Yes ☐ No ☐

Section A – The medical condition from the clinician’s point of view

[Describe the current procedure you use for your patients with the indicated medical condition]

A1. What kind of treatment is used for this condition? What is the mostly used treatment (e.g. inpatient or outpatient treatment)?

A2. Does this medical condition require for a personalized treatment? If it does, what should a personalized treatment plan include?

A3. How many patients do you monitor outside of conventional clinical settings? (e.g. such as in the home or in a remote area, etc.).

Please indicate the percentage of patients

A4. What do you usually monitor outside your clinical setting? (E.g., pharmacological therapy, cognitive, organic or mood symptoms, etc.)

A5. How do you communicate remotely with the patient? Please indicate what kind of technology or platforms you use. (E.g., whatsapp, internet platforms, phone calls...)

A6. Does this remote monitoring cause burden on you? (For example in terms of stress, time...)

Section B – Impact of the medical condition on the patient and his/her caregiver from the clinician’s perspective

[Investigate eventual difficulties /complications/challenges for the patient and his/her caregivers]

B1. What is the impact of this medical condition on the patients’ activities of daily living? Which are the main issues encountered by the patient at home?

For example, does it affect daily life activities, nutrition, sleep, mood, motor capacity, cognition (e.g. memory, attention and language)?

Vitality (daily life activities, cardio-respiratory functions, nutrition, etc..)	<hr/> <hr/> <hr/>
Sensory (vision, hearing, etc..)	<hr/> <hr/> <hr/>
Psychological (mood, sleep, etc)	<hr/> <hr/> <hr/>
Locomotion (balance, motor capacity, gait, etc..)	<hr/> <hr/> <hr/>
Cognition (memory, attention, language, etc..)	<hr/> <hr/> <hr/>

B2. Who are the people directly or indirectly affected by the onset of the medical condition? (E.g., family members, relatives, health care providers)

<hr/> <hr/> <hr/>

B3. How do these difficulties affect the caregiver’s life? Which are the main issues encountered by the caregivers?

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Section C – Pros & cons of the ways of handling the medical condition

[Investigate eventual difficulties in handling the condition for the patient, the people close to him/her and the clinician]

C1. Which are the cons of the current medical procedure for the patient? (E.g., remind to take the drugs, handling the adverse effects related to the medication, etc.)

C2. Which are the cons of the current medical procedure for the people close to the patient? (E.g., anxiety about continuous monitoring, remind about the clinical appointments etc.)

C3. Which are the pros and cons of the current medical procedure for the clinician? (E.g., use of WhatsApp for instant communication considered as pro but the technology invasiveness affects private life, etc.)

Section D – Possible benefits of remote monitoring

[Explore improving solutions]

D1. How would you improve weakness/cons of the current medical procedure?

D2. Which of the following measurements would you consider as more useful to your patients' everyday life?

Please check (✓) up to 3 boxes and feel free to add any further comments

- | | | | |
|-------------------|-----------------------|------------------------------|-----------------------|
| Blood pressure | <input type="radio"/> | Heart rate | <input type="radio"/> |
| House temperature | <input type="radio"/> | Blood sugar | <input type="radio"/> |
| Air pollution | <input type="radio"/> | Social interaction frequency | <input type="radio"/> |
| Electrocardiogram | <input type="radio"/> | Dietary habits | <input type="radio"/> |
| Fall detection | <input type="radio"/> | Levels of noise exposure | <input type="radio"/> |

D3. What would be the benefit in remote patient monitoring for 24 hours a day, if any?

Section E – Use of technology in medical practice

[Explore the use of technology in medical practice]

E1. Which of the following devices have you used/ prescribed/ suggested to your patients?
Please check (✓) all that apply and feel free to add any further comments

- | | | | |
|---|-----------------------|---|-----------------------|
| <i>Nutrition Applications</i> | <input type="radio"/> | <i>Smart pillboxes</i> | <input type="radio"/> |
| <i>Physiotherapy Applications and Smart Devices</i> | <input type="radio"/> | <i>Physical Activity Applications and Smart Devices</i> | <input type="radio"/> |
| <i>Smart Hearing Aids</i> | <input type="radio"/> | <i>Smart Blood Pressure Tracker</i> | <input type="radio"/> |

E2. How often do you use Smart Devices in your everyday clinical practice?
Please check (✓) only one box and feel free to add any further comments

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>

E3. How useful do you find technology for your clinical practice?

Please check (✓) only one box and feel free to add any further comments

<i>Obstructive</i>	<i>Indifferent</i>	<i>Useful</i>	<i>Very useful</i>	<i>Fundamental</i>

E4. How easy do you find technology to use in your clinical practice?

Please check (✓) only one box and feel free to add any further comments

<i>Impossible</i>	<i>Difficult</i>	<i>Neutral</i>	<i>Easy</i>	<i>Very easy</i>

Section F – About an eventual experience with SMARTBEAR

F1. SMARTBEAR Platform could provide you with regular reports concerning your patients' health status and measurements. Is that something appealing to you?

Please check (✓) only one box and feel free to add any further comments

Yes ☐ No ☐

F2. SMARTBEAR Platform could provide you with regular reports concerning your patients' health status and measurements. Which type of report would you consider as more helpful to them and to you?

Please check (✓) only one box and feel free to add any further comments

Monthly report ☐ Weekly report ☐ Daily report ☐

F3. How would you like to receive this information? (E.g., background message, text messages, email, etc.)

F4. SMARTBEAR Platform could provide patients with regular notifications – suggestions depending on its observations e.g. "Your blood pressure is regularly higher than the normal for the last 2 weeks. You should visit your referring physician".

Which type of notifications would you consider as more helpful?

Please check (✓) only one box and feel free to add any further comments

- Notifications to the user ☐
- Notifications to the user and his/her referring physician* ☐
- Notifications to the user and his/her significant other* ☐

* (with user's consent)

F5. How would you like to receive these regular notifications – suggestions? (E.g., background message, text message, email, etc.)

F6. Would you encourage your patients to participate in a project implementing state of the art technology to their everyday life, such as **SMARTBEAR**? Why?

Please check (✓) only one box and feel free to add any further comments

Yes ☐

No ☐

F7. What are your expectations of a project like **SMARTBEAR**?

Please check (✓) up to 3 boxes and feel free to add any further comments

Less unnecessary visits ☐

Frail Patients' Safety ☐

Better auto-management of your patients' health issues ☐

Better social interactions ☐

Improving of your patients' overall health ☐

Improving your patient – doctor communication ☐

F8. If one of your patients asks for your opinion on whether to participate in **SMARTBEAR** Project, which would be your major concerns?

Please check (✓) up to 3 boxes and feel free to add any further comments

Privacy ☐

Change of Routine ☐

Erroneous Measurements ☐

Erroneous Notifications – Suggestions by the Platform ☐

Technical Issues of the Devices – Internet Connection ☐

Education on Devices and Platform Usage ☐

Increased stress for the user ☐

Would you like to add any further comments? If yes, please add your comments to the box below.

Thank you for taking the time to fill our questionnaire!