

SMARTBEAR ONLINE QUESTIONNAIRE CLINICIANS

QUESTIONNAIRE

Demographic data

Q1. What is your medical domain of expertise?

Please choose only one of the following:

- | | |
|------------------|-----------------------|
| ENT | <input type="radio"/> |
| Cardiology | <input type="radio"/> |
| General Medicine | <input type="radio"/> |
| Geriatrics | <input type="radio"/> |
| Neurology | <input type="radio"/> |
| Psychiatry | <input type="radio"/> |
| Other | <input type="radio"/> |

Q2. What is your nationality?

Please choose only one of the following:

- | | |
|------------------|-----------------------|
| Italian | <input type="radio"/> |
| Greek | <input type="radio"/> |
| General Medicine | <input type="radio"/> |
| Geriatrics | <input type="radio"/> |
| Neurology | <input type="radio"/> |
| Psychiatry | <input type="radio"/> |
| Other | <input type="radio"/> |

Q3. How often do you use Smart Devices such as Smart blood pressure tracker or Smart watches in your everyday clinical practice?

Please choose only one of the following:

- | | |
|-----------|-----------------------|
| Never | <input type="radio"/> |
| Rarely | <input type="radio"/> |
| Sometimes | <input type="radio"/> |
| Often | <input type="radio"/> |
| Everyday | <input type="radio"/> |

Section A – Medical condition

A1. Do you treat any of the following conditions?

Please choose all that apply:

- | | | | |
|--------------------------------|-----------------------|-------------------------------|-----------------------|
| <i>Hearing loss - Tinnitus</i> | <input type="radio"/> | <i>Ischemic heart disease</i> | <input type="radio"/> |
| <i>Falls</i> | <input type="radio"/> | <i>Hypertension</i> | <input type="radio"/> |
| <i>Imbalance</i> | <input type="radio"/> | <i>Dementia</i> | <input type="radio"/> |
| <i>Arrhythmias</i> | <input type="radio"/> | <i>Anxiety</i> | <input type="radio"/> |
| <i>Stress</i> | <input type="radio"/> | <i>Depression</i> | <input type="radio"/> |

A2. Which of the following measurements would you consider more useful for your patients' everyday wellbeing?

Please choose all that apply:

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

A3. How often does your average aged patient visits you?

Please choose only one of the following:

- | | |
|---------------------------------|-----------------------|
| <i>More than once per month</i> | <input type="radio"/> |
| <i>Once per 1-3 months</i> | <input type="radio"/> |
| <i>Once per 6 months</i> | <input type="radio"/> |
| <i>Once per year</i> | <input type="radio"/> |

A4. Which of the following devices have you used/ prescribed/ suggested to your patients?

Please choose all that apply:

- | | | | |
|---|-----------------------|---|-----------------------|
| <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"/> |

Section B – Participation in the SMART BEAR Project

B1. Would you recommend your patients to participate in a project implementing state of the art technology to their everyday life, such as SMART BEAR?

Please choose only one of the following:

Yes ☐

No ☐

B2. Which are your major concerns about SMART BEAR project?

Please choose all that apply:

- Privacy* ☐
- Change of Routine* ☐
- Erroneous Measurements* ☐
- Erroneous Interventions – Suggestions by the Platform* ☐
- Technical Issues of the Devices – Internet Connection* ☐
- Education on Devices and Platform Usage* ☐
- Increased stress for the user* ☐
- Decreased patients' referral to your private practice* ☐

B3. Which are your expectations about your patients' participation in SMART BEAR project?

Please choose all that apply:

- Less unnecessary visits* ☐
- Safety* ☐
- Better self-management of patients' health issues* ☐
- Improved social interactions* ☐
- Time Saving* ☐
- Money Saving* ☐
- Improving their diet habits* ☐
- Improving their confidence - independence* ☐

B4. Do you think that implementing state of the art technology to your aged patients' everyday life would be overall helpful?

Please choose only one of the following:

Yes ☐

No ☐

B5. SMART BEAR Platform could provide participants and their referring physicians with regular reports concerning their health status and measurements. How often do you think the system should generate these reports?

Please choose only one of the following:

- | | |
|------------------------------------|-----------------------|
| Daily | <input type="radio"/> |
| Weekly | <input type="radio"/> |
| Monthly | <input type="radio"/> |
| Only if an abnormality is detected | <input type="radio"/> |

B6. Do you think that these reports would be overall helpful for your patients?

Please choose only one of the following:

Yes ☐ No ☐

B7. SMART BEAR platform could provide referring physicians with access to their patients' data and ask for their input after each patient's visit. Is that something appealing to you?

Please choose only one of the following:

Yes ☐ No ☐

Thank you for taking the time to fill our questionnaire!