**Patient Post-Installation Monthly Survey**

(1=Strongly disagree, 2=disagree, 3=neither, 4=agree, 5=strongly agree)

1. When all is said and done, I am the person responsible for managing my health condition.
2. Taking an active role in my own health care is the most important in determining my ability to function.
3. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.
4. I know what each of my prescribed medications do.
5. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
6. I am confident I can tell my health care provider concerns I have even when he or she does not ask.
7. I am confident that I can follow through on medical treatments I need to do at home.
8. I understand the nature and causes of my health condition(s)
9. I know the different medical treatment options available for my health condition.
10. I have been able to maintain the lifestyle changes for my health that I have made.
11. I know how to prevent further problems with my health condition.
12. I am confident I can figure out solutions when new situations or problems arise with my health condition.
13. I am confident I can maintain lifestyle changes like diet and exercise even during times of stress.

**Additional Patient Items**

(5 point scales, 1 Strongly Disagree – 5 Strongly Agree with DK and NA options)

1. I am comfortable using technology to help me manage my chronic or complex medical condition.
2. I can manage my chronic or complex medical condition better with technology than without it.
3. I am benefitting from technology that helps me manage my chronic/complex medical condition.
4. Technology is helping me stay at home safely.
5. Technology is helping me stay healthier.
6. (First month only) Starting with the technology was easy.
7. I feel healthier today than I did yesterday.
8. I have been healthier while using the technology.
9. I have been to the emergency room or hospital less since using the technology.
10. I have been to my primary care doctor more since using the technology.
11. I believe I will be healthier tomorrow than I am today.
12. I believe I will be able to manage my health conditions better tomorrow than I can today.
13. I believe that I am managing my health conditions today better than I did yesterday.
14. I would recommend this technology to people with health conditions like mine.
15. Open ended (during): When you started using the technology, you said you had some concerns or worries. What of those concerns or worries have proven true?
16. Open ended (during): When you started using the technology, you said you had some hopes about this technology. What of those hopes have proven true?
17. Open ended (during) What other comments or thoughts would you like to share about your experience with this technology?