Thesis Project: Online Patient Portal

with SMS Schedule Reminder

The questions in the survey would ask about these subjects:

Please encircle the letter beside the relevant answer.

1. How frequently do patients come to your clinic?
2. Once a week c. Three times a week
3. Twice a week d. Other-- please specify \_\_\_\_\_\_\_\_\_\_\_\_
4. At what age do your patients come in for therapy?
5. 18 – 25 c. 34 – 49
6. 26 – 33 d. 50 and above
7. Do they need to start therapy on the spot or not?
8. Yes b. No
9. What is the typical duration of therapy?
10. 1 Hour c. 2 Hours
11. 1 Hour and 30 mins d. Other -- please specify \_\_\_\_\_\_\_\_\_\_\_\_\_
12. How do you record patient data when they first arrive? During follow up.
13. Paper c. Online
14. Software d. Other -- please specify \_\_\_\_\_\_\_\_\_\_\_\_\_
15. How do you monitor indicators like vital signs after therapy?
16. Manual b. Digital
17. What is your current system for scheduling appointments, including for follow-up?
18. Text c. Call
19. Email d. Other -- please specify \_\_\_\_\_\_\_\_\_\_\_\_
20. Is there a problem with patients not showing up on the scheduled date/time of therapy and/or follow-up?
21. If Yes please tell the rate \_\_\_\_\_\_ b. No
22. How much is the cost to the patient for the therapy/consultation? How much is your cost?
23. $350 per session c. $1000 per session
24. $500 per session d. Other -- please specify \_\_\_\_\_\_\_\_\_\_\_\_\_
25. What do you do to protect the security of patient data?
26. Software on a computer where its encrypted
27. Keep them on a storage room where there’s no insects
28. None of the above
29. Other -- please specify \_\_\_\_\_\_