

Physiotherapist Digital Health Questionnaire

Section 0: Screening – *Answering ‘No’ to any of the three questions in ‘section 0’ “Thank you for your interest in our research study however, you are not suitable to participate in our survey as you do not meet our population inclusion criteria”.*

1. Have you previously received certification as a physiotherapist from a recognized academic or public health institution?
 - ☐ Yes
 - ☐ No
2. Are you currently living in Australia?
 - ☐ Yes
 - ☐ No
3. Do you have any clinical experience treating patients with chronic low back pain?
 - ☐ Yes
 - ☐ No

We are exploring the experiences and attitudes of physiotherapists and people with chronic lower back pain towards using digital health interventions to treat sleep disturbance. Specifically, we want to know about the experiences of physiotherapists when addressing sleep disturbance in people with chronic low back pain. Additionally, we want to identify obstacles that impair and prevent the integration of digital health interventions for sleep in physiotherapist practice.

Your completion of the survey will help inform the development and integration of digital health interventions which could bolster the sleep resources prescribed from physiotherapy practice. Upon completion of the survey, you will be to register your contact details to be entered in a prize draw for an opportunity to win 1-of-2 \$200 eGift cards. At that time, you can also register your interest to take part in an interview/focus group which will take place later at a suitable time and date of your convenience. If you choose to take part in this optional interview/focus group the you will be reimbursed for your time (30-40min) by way of a \$50 eGift card.

Thank you in advance for your participation.

Section 1: The following questions will collect some basic demographic information about you and your physiotherapy practice.

1. What is your age? _____ years
2. What is your gender?
 - ☐ Female
 - ☐ Male
 - ☐ Non-binary
 - ☐ Prefer not to say
3. What is your highest level of education completed?
 - ☐ Bachelor degree
 - ☐ Graduate certificate
 - ☐ Masters degree
 - ☐ Doctoral degree
4. How many years have you worked as a physiotherapist?
5. What is your current employment status with regards to clinical practice?
 - ☐ Full-time
 - ☐ Part-time
 - ☐ Casual
 - ☐ Not currently working in clinical practice (**go straight to 5a Q8**)
 - ☐ Other: _____

5a. Please indicate what year you were most recently engaged clinically as a physiotherapist?
please answer the remainder of the survey recalling your most recent experiences regarding your clinical practice. (Q8 Q10)

6. What is the postcode of your primary workplace? _____
7. Do you work at more than one site?
 - ☐ Yes (7a and 7b)
 - ☐ No (8)
- 7a. How many sites do you work at?
- 7b. Average hours per week at each site

- ☐ site 1: _____
- ☐ site 2: _____
- ☐ site 3: _____
- ☐ site 4: _____

8. Which of the following best describes your principal scope of practice?

- ☐ Musculoskeletal
- ☐ Aged care
- ☐ Neurological
- ☐ Cardiorespiratory
- ☐ Paediatrics
- ☐ Sports
- ☐ Women
- ☐ Other: _____ (specify)

9. Which of the following settings best describes your primary workplace?

- ☐ Hospital
 - a. Private
 - b. Public
- ☐ Group private practice
- ☐ Solo private practice
- ☐ Residential aged care facility
- ☐ Outpatient service
- ☐ Community healthcare services
- ☐ Rehabilitation/physical development service
- ☐ Educational facility
- ☐ Sports centre/clinic
- ☐ Domiciliary service
- ☐ Other: _____

10. On average, how many patients with **chronic** low back pain do you see each week (low back pain lasting 3 months or more)?

- ☐ Nil
- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26 or more

11. On average, how many patients with **sleep disturbance** do you see each week?

(Sleep disturbance encompass sleep disorders of initiating and maintain sleep, excessive sleepiness, sleep-wake scheduling or other dysfunctions associated with sleep and arousals)

- ☐ Nil

- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26 or more
- ☐ Don't know

12. On average, how many patients with chronic low back pain **and** sleep disturbance do you see each week?

- ☐ Nil
- ☐ 1-5
- ☐ 6-10
- ☐ 10-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26 or more
- ☐ Don't know

Section 2: The following questions will explore your attitudes and beliefs regarding pain and sleep management. There are no right or wrong answers as we are interested in your thoughts and experiences.

13. Do you assess sleep disturbance in your patients with chronic low back pain?

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

14. Physiotherapists should address sleep disturbance in their patients with chronic low back pain?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly disagree | Disagree | Possibly | Agree | Strongly agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. How confident are you with your current ability (ie. resources and knowledge) to treat sleep disturbance in your patients with chronic low back pain?

Not at all
confident

☐

Slightly
confident

☐

Some what
confident

☐

Moderately
confident

☐

Extremely
confident

☐

16. Managing sleep disturbance could help improve pain and function in people with chronic low back pain?

Strongly agree

☐

Agree

☐

Possibly

☐

Disagree

☐

Strongly disagree

☐

Section 3: The next series of questions relates to your experiences with digital health interventions. These are defined as interventions delivered via digital or mobile to support health system needs.

17. Overall, how would you rate your familiarity with digital health interventions?

Not at all
familiar

☐

Slightly
familiar

☐

Somewhat
familiar

☐

Moderately
familiar

☐

Extremely
familiar

☐

18. Do you recommend any digital health interventions to assist patients with their chronic low back pain management?

☐ Yes 18a and 18b

☐ No 19

18a. Describe the intervention/s you recommend

Select all that apply:

- ☐ Mobile Applications
- ☐ Websites
- ☐ Wearables (ie. smartwatches, fitbits)
- ☐ Health diagnostics and screening
- ☐ Health tracking
- ☐ Physical exercises

- o Educational resources
- o Relaxation/mindfulness exercises

18b. Please specify any digital health intervention/s you would prescribe to a patient with chronic low back pain: _____

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How would you rate your familiarity with digital health interventions for sleep?

20. Do you recommend any digital **sleep** health interventions for your patients with chronic low back pain and sleep disturbance?

- o Yes 20a and 20b
- o No 21

20a. Select all that describe the intervention/s you recommend:

- o Diagnostic and screening for sleep
- o Sleep Tracking and self-monitoring
- o Sleep health Education
- o Behavioural approaches for improving sleep
- o Other: _____

20b. Please specify any digital **sleep** health intervention/s you would recommend to a patient with chronic low back pain and sleep disturbance: _____

21. Which of the following types of sleep-specific digital health interventions would you be confident in recommending or providing to patients with chronic low back pain and sleep disturbance?

Select all that apply:

- o Sleep diagnostics and screening
- o Sleep tracking and self-monitoring
- o Sleep education
- o Sleep behavioural management
- o None
- o Other, please state: _____

Section 3: The next series of questions relates to the implementation of digital health interventions. You are asked to rate the level of importance of the following attributes if you were implementing digital health interventions into your current clinical practice.

22. Please rate the level importance of each attribute when considering the implementation of digital sleep health interventions for patients with chronic low back pain into your clinical practice:

	Not at all important	Low importance	Slightly important	Neutral	Moderately important	Very important	Extremely important
a. Level of data security							
<i>Regulation of how collected data are stored, used and shared; use of a secure online server</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Privacy policy							
<i>Policy to maintain confidentiality, integrity and availability of user data</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Legal compliance and regulation							
<i>Therapeutic Goods Association (TGA) or other centralised regulation of digital health interventions</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Trustworthy repository of evidence-based digital health interventions							
<i>A centralised source to access digital health interventions vetted by a regulatory authority</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Endorsement from notified and credible bodies							
<i>Stamp of approval or endorsement from trusted sources such as government agencies, TGA, or RACGP</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Development by health professionals or clinical bodies							
<i>The development of the digital health intervention has been guided or contributed to by clinical experts, health care providers or clinical bodies</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g. Published studies to demonstrate efficacy or safety

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

The level of scientific evidence to support the digital health intervention as a therapeutic alternative

h. Health care professional education and training about the digital health intervention

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Access to educational and training materials for health care professionals on the specific functions, benefits and requirements of each digital health intervention

i. Financial incentives

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Financial mechanisms to encourage and support the organization or clinician prescribing digital health interventions

j. Cost to the patient

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

The cost to the patient to utilise the digital health intervention

I would like to provide my contact details for the following:

- **Participate in a semi-structured interview or focus group to further discuss my experiences and attitudes of digital sleep health interventions for treating sleep disturbance in people with chronic low back pain. I have read the [\(Patient Information Statement\)](#) and consent to being contacted by study researchers** ☐
- **Take part in a draw to receive a gift card valued at \$200** ☐
- **To receive a copy of publication from this study** ☐

If so, please provide your contact details below:

_____ **Mobile Number** (*field must be completed if any of the above boxes are checked)

_____ **Email Address** (*field must be completed if any of the above boxes are checked)

>SUBMIT SURVEY<