Perception and satisfaction evaluation questionnaire

Patient

OncoSmartShirt study: Continuous medical telemonitoring of cancer patients using the Chronolife™ smart t-shirt.

Instructions

In this questionnaire, you will find questions on the use of the smart t-shirt as part of the evaluation of the OncoSmartShirt study.

Please answer the following questions or tick the answer that seems most appropriate to you in relation to your condition, your feelings, what you think. For each of the following items, indicate the extent to which you totally disagree, tend to disagree, tend to agree or totally agree.

Responses will be measured by a 5-point scale where 1 corresponds to “Totally disagree” and 5 to “Totally agree”.

|       | 1 | 2 | 3 | 4 | 5 |
|-------|---|---|---|---|---|
| Item1 |   |   |   |   |   |
| Item2 |   |   |   |   |   |

There are no correct or incorrect answers. Thank you for answering all of the questions.
**General questions at the beginning of the evaluation**

| Elements       | Questions                                                                 | 1 | 2 | 3 | 4 | 5 |
|----------------|---------------------------------------------------------------------------|---|---|---|---|---|
| Pre-evaluation | 1. Before starting the project, I had no fears regarding the medical device – the smart t-shirt and the phone. |   |   |   |   |   |
|                |                                                                           | □ | □ | □ | □ | □ |
|                | 2. I think using this smart t-shirt will help my doctors monitor my condition more closely. |   |   |   |   |   |
|                |                                                                           | □ | □ | □ | □ | □ |
|                | 3. I am afraid that using the smart t-shirt may affect my daily activities. |   |   |   |   |   |
|                |                                                                           | □ | □ | □ | □ | □ |
|                | 4. I think using the smart t-shirt can help me be more active.             |   |   |   |   |   |
|                |                                                                           | □ | □ | □ | □ | □ |
|                | 5. I am concerned about a possible malfunction of the smart t-shirt.       |   |   |   |   |   |
|                |                                                                           | □ | □ | □ | □ | □ |
|                | 6. After being shown and taught how to use the smart t-shirt, I was confident that I could then use it. |   |   |   |   |   |
|                |                                                                           | □ | □ | □ | □ | □ |

Comments:
Questions about adherence during assessment.

| Keesense                                                                 |
|-------------------------------------------------------------------------|
| 1. Do you find the smart t-shirt _______ to use?                       |
| □ Very difficult                                                        |
| □ Fairly difficult                                                      |
| □ Neither difficult nor easy                                            |
| □ Fairly easy                                                          |
| □ Very easy                                                            |
| 2. How many days did it take you to fully master the smart t-shirt?     |
| I__I__I days                                                           |
| 3. How often have you been wearing the t-shirt?                        |
| □ Day, how many hours I__I__I [hours]                                  |
| □ Night, how many hours I__I__I [hours]                                 |
| □ Day/Night, how many hours I__I__I [hours]                             |
| 4. On average, over the last 3 days, how many hours per day did you    |
| wear the T-shirt **for each of the following time slots**?             |
| ![Table](https://example.com/table.png)                                |
| 5. On average, how many days per week did you wear the t-shirt?         |
| I__I__I days/week                                                       |
| 6. According to you, the daily wearing of the t-shirt should be limited|
| to I__I__I hours per day.                                               |
| 7. You were unable to wear _________ your t-shirt due to a technical    |
| problem?                                                                |
| □ Often                                                                 |
| □ Sometimes                                                             |
| □ Rarely                                                                |
| □ Never                                                                 |

Comments:
| Elements                                           | Questions                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------|
| **Perception, overall satisfaction**              | 1. I am satisfied with the smart t-shirt.                                  |
|                                                   | ![Rating Scale](rating-scale.png)                                         |
|                                                   | 2. I felt comfortable with the use of the smart t-shirt.                  |
|                                                   | ![Rating Scale](rating-scale.png)                                         |
| **Acceptability of the device**                   | 3. I easily forget that I am wearing the smart t-shirt.                   |
| **(general comfort, use, activities)**            | ![Rating Scale](rating-scale.png)                                         |
|                                                   | 4. I can accomplish my daily activities with the smart t-shirt.          |
|                                                   | ![Rating Scale](rating-scale.png)                                         |
|                                                   | 5. I can easily do physical activity with the smart t-shirt.             |
|                                                   | ![Rating Scale](rating-scale.png)                                         |
|                                                   | 6. I find the smart t-shirt easy to use.                                  |
|                                                   | ![Rating Scale](rating-scale.png)                                         |
| **Hygiene, physical or skin reaction**            | 7. I sweat abnormally while wearing the smart t-shirt.                    |
|                                                   | ![Rating Scale](rating-scale.png)                                         |
|                                                   | 8. I have skin itching and/or irritation.                                |
|                                                   | ![Rating Scale](rating-scale.png)                                         |