**Appendix:**

**Improving Patient Engagement Through Technology Study**

**Patient and Family Member Survey**

The COVID-19 pandemic has introduced new difficulties and challenges for patients requiring care. Restrictions put in place at hospitals due to the ongoing COVID-19 pandemic have raised concerns among physicians regarding the mental, social, and physical well-being of patients over the course of their hospitalizations,especially for seniors and the frail.

We are asking patients, families, physicians, and staff about the obstacles to patient care in order to better understand how new technologies or practices may help to overcome these obstacles. Results from this survey will help us to identify the greatest patient needs at this time. We hope to explore these needs in greater detail through a guided focus group discussion.

**Frailty Domains**

**1. For patients (or family members):**

|  |  |
| --- | --- |
| 1.1 | In the past year, how many times have you (or your family member) been admitted to a hospital? |

❒ 1  ❒ 2  ❒ >2

|  |  |
| --- | --- |
| 1.2 | In general, how would you describe your (or your family member’s) health? |

❒ Excellent

❒ Very Good

❒ Good

❒ Neutral

❒ Fair

❒ Poor

|  |  |
| --- | --- |
| 1.3 | Do you (or does your family member) generally require help with any of the following activities currently? |

❒ No help required

❒ Meal preparation

❒ Shopping

❒ Transportation

❒ Telephone use

❒ Housekeeping

❒ Laundry

❒ Managing money

❒ Taking medications

❒ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1.4 | Do you (or does your family member) have someone who is willing and able to help you (or him/her) when needed? |

❒ Always

❒ Sometimes

❒ Never

1. **Physical Well-being**

|  |  |
| --- | --- |
| 2.1 | What typically limits your (or your family member’s) ability to move freely?  (e.g. Poor balance or sensation, weakness, physical condition etc.) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 2.2 | Of the following activities of daily living (ADLs), which would you like to see improved (or would you most like to see improved for your family member)?  *Please prioritize the choices (1 - Most important, 6 - Least important)* |

|  |  |
| --- | --- |
| Ability to *move independently* | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 ❒ 6 |
| *Ability to manage my bladder and bowel* | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 ❒ 6 |
| Ability to *select and don clothes* | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 ❒ 6 |
| Ability to eat *without assistance* | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 ❒ 6 |
| Ability to *attend to personal hygiene*  *(Bathing, grooming, oral care, etc.)* | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 ❒ 6 |
| Ability to *sleep / relax* | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 ❒ 6 |

|  |  |
| --- | --- |
| 2.3 | Do you believe additional measures are necessary during your (or your family member’s) hospitalization to;  *(check all that apply)* |

|  |
| --- |
| ❒ Increase strength and mobility  ❒ Stay motivated to exercise  ❒ Facilitate exercise  ❒ None of the above |

2.3.a Please share any additional thoughts / comments you might have related to the previous question (optional):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.4 Have you ever used technology to guide your exercises (YouTube videos, exercise apps etc.)?

❒ Yes

❒ No

❒ Don’t know

Please elaborate:

**3. Mental Well-being**

3.1 Please rate the following on a scale of 1 (poor) to 5 (excellent):

|  |  |
| --- | --- |
| Self-confidence | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| Self-esteem | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| Ability to express emotions in a healthy way | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| Ability to build and maintain relationships | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| Engagement with the world around you | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| Ability to sleep / relax | ❒ 1  ❒ 2  ❒ 3  ❒ 4 ❒ 5 |

3.2 Of the following, which would you like to see improved over the course of your (or your family member’s) stay at the Royal Alexandra Hospital? (select all that apply)

❒ Access to support services *(Psychologists, therapists, etc.)*

❒ Activities / Programs offered *(Games, recreation, etc.)*

❒ Connectedness to others *(Family, friends, other patients, etc.)*

❒ Relaxing night time environments

❒ Transition support *(Check-ins, follow-ups, etc.)*

❒ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.3 Of the following, which would you like to see improved once you (or your family member) return(s) to your community? (select all that apply)

❒ Access to support services *(Psychologists, therapists, etc.)*

❒ Activities / Programs offered *(Games, recreation, etc.)*

❒ Connectedness to others *(Family, friends, other patients, etc.)*

❒ Relaxing night time environments

❒ Transition support *(Check-ins, follow-ups, etc.)*

❒ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.4. How would you rate the support you (or your family members) have received at the RAH regarding feelings of anxiety, stress, and/or depression over the course of your stay?

❒ Excellent

❒ Good

❒ Satisfactory

❒ Poor

❒ Not applicable

3.5 Of the following, what would you/your family member like to see done to support your (or your family member’s) transition from the Royal Alexandra Hospital back to your residence? (select all that apply)

❒ Virtual follow-up meetings with healthcare staff

❒ Referrals & access to community supports

❒ Transition planning (planning your move back home)

❒ Others, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5.a Please share any additional thoughts / comments you might have related to the previous question (optional):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3.6 Would you be interested in technology (iPads, smart homes, etc.) to enhance your links to your family, friends, and community?

❒ Yes

❒ No

❒ Maybe

❒ Neutral

Please elaborate:

3.7 Have you (or your family member) ever reached out to senior support programs using smartphones or computers?

❒ Yes

❒ No

❒ Don’t know

**4. Social Well-being**

Please rate the following for yourself or your family member on a scale of 1 (poor) to 5 (excellent):

4.1 Do you (or does your family member) make an effort to socially connect with:

* + 1. Friends and family ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5
    2. Other patients ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5
    3. Staff ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5

|  |  |  |
| --- | --- | --- |
| 4.2 | Do you (or does your family member) make an effort to be active to the best of your/their abilities? | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| 4.3 | Do you (or does your family member) strive to continue learning? | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| 4.4 | Are you (or is your family member) interested in helping others? | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5 |
| 4.5 | Do you (or does your family member) take notice of your (their surroundings) (people, activities etc.) | ❒ 1  ❒ 2  ❒ 3  ❒ 4 ❒ 5 |

4.6 Are you (or your family member) satisfied with the quality and availability of your social interaction with the following groups over the course of your hospitalization?

|  |  |  |
| --- | --- | --- |
| a. | Friends and family | ❒ Yes   ❒ No  ❒ Don’t know   ❒ N/A |
| b. | Other patients | ❒ Yes   ❒ No  ❒ Don’t know   ❒ N/A |
| c. | Staff | ❒ Yes   ❒ No  ❒ Don’t know   ❒ N/A |

4.6.a Please share any additional thoughts / comments you might have related to the previous questions (optional):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.7 Do you (or does your family member) have regular access to technologies (phone, iPad, etc.) that support communication with friends, family, staff, or other patients?

❒ Yes

❒ No

❒ Don’t know

Please elaborate:

4.8 Have you (or has your family member) used any of the following to virtually connect with others in the past year? (Check all that apply):

❒ Email

❒ FaceTime

❒ Skype

❒ Social Media *(e.g. Facebook, Instagram etc.)*

❒ Texting

❒ Zoom

❒ None

❒ Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.9 Are you (is your family member) willing to learn how to use a new technology (iPad, phone, app, etc.)?

❒ Yes

❒ No

❒ Already use

❒ Don’t know

4.9.a If you answered no to the previous question, why not?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.10 If training or support were provided, would you (or your family member) be more likely to adopt new technologies (iPad, phone, apps, etc.) that might support you (or your family member) during or after your hospitalization? *(e.g. connecting to friends / family, encouraging exercise, etc.)*

❒ Yes

❒ No

❒ Neutral

❒ Don’t Know

4.11 Do you (or your family member) see value in learning to use new technologies and/or incorporating new technologies into your (or your family member’s) routine?

❒ Yes

❒ No

❒ Neutral

❒ Don’t know

Please elaborate:

**5. Effects of the Covid-19 Pandemic**

5.1 Have visitation restrictions during the Covid-19 pandemic impacted your (or your family member’s) hospitalization?

❒ Yes

❒ No

❒ Not sure

5.1.a Please share any additional thoughts / comments you might have related to the previous questions (optional):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.2 Has the Covid-19 pandemic had an effect on the outcomes of your (or your family member’s) hospitalization?

❒ Yes

❒ No

❒ Not sure

5.2.a If so, please describe the effects of the pandemic on your (or your family member’s) outcomes (e.g. connecting with family / friends, physical space not suitable, finding community support, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.3 Has the Covid-19 pandemic adversely impacted you (or your family member) in any of the following categories?

❒ Social well-being

❒ Mental well-being

❒ Physical well-being

❒ No effect

5.3.a If you checked any of the well-being items above, how / in what way has the COVID-19 pandemic affected your well-being?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.4 How might *technologies* and/or *new practices*be used to reduce the impact of Covid-19 restrictions on your (or your family member’s) stay at the Royal Alexandra Hospital?

*(This might include facilitating social connectedness among patients & family, allowing staff to connect to patients digitally, guiding exercises remotely, etc.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Background Information**

**Please identify yourself:**

❒ Patient

❒ Patient’s family member

❒ Patient’s friend

❒ Other (caregivers, etc.)     Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:**

❒ Female

❒ Male

❒ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Prefer not to answer

**Age:**

❒ <29 years old

❒ 30-39 years old

❒ 40-49 years old

❒ 50-59 years old

❒ 60-69 years old

❒ >69 years old

❒ Prefer not to answer

**Which of the following best describes your yearly household income before taxes?**

❒ Less than $30,000

❒ $30,000 - $59,999

❒ $60,000 - $90,000

❒ More than $90,000

❒ Prefer not to answer

**Highest level of education reached:**

❒ High school level

❒ Completed high school

❒ Postsecondary degree (college or university)

❒ Postgraduate studies (masters, PhD, etc.)

❒ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Prefer not to answer

**Postal Code (optional):** \_\_\_\_\_\_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR INPUT!**

**STAY SAFE!**

Research team notes:

Date of survey completion: \_\_\_\_\_\_\_\_\_\_, 2020

Research assistant initials: \_\_\_\_\_\_\_\_\_\_

Location of survey completion: unit \_\_\_\_\_\_\_\_