**Questionnaire**

**Please complete the following questionnaire and deposit it in one of the collection boxes available in the radiotherapy waiting area or main reception.**

#### Kindly note that filling in and returning this questionnaire constitutes giving consent to your participation in this study.

#### Section A- General Information

1. **Please specify your gender:**

|  |  |  |
| --- | --- | --- |
| ☐ Male | ☐ Female | ☐ Other |

1. **Please indicate your age category:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ 18-25 | ☐ 26-35 | ☐ 36-45 | ☐ 46-55 |
| ☐ 56-65 | ☐ 66-75 | ☐ 76-85 | ☐ 86+ |

1. **Please indicate the body site to which you are currently receiving your radiotherapy treatment:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Brain | ☐ Head and neck | ☐ Prostate | ☐ Colorectal |
| ☐ Lungs | ☐ Gynaecology | ☐ Abdomen | ☐ Breast |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

1. **Please indicate the highest level of education achieved:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Primary | ☐ Secondary | ☐ Post-secondary | ☐ Bachelor’s Degree |
| ☐ Masters’ Degree | ☐ Doctorate | ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

#### Section B- Habits of smartphone usage

1. **Do you own a smartphone?**

|  |  |
| --- | --- |
| ☐ Yes | ☐ No |

*(If you have answered no to this question, skip to Section C)*

1. **At what intervals do you generally check your smartphone for notifications (SMS, missed calls, push notifications)?**

|  |  |  |
| --- | --- | --- |
| ☐ Once every 30 minutes | ☐ Once every 60 minutes | ☐ Once every 2 hours |
| ☐ Once every 12 hours | ☐ Once every 2 days or longer | |

1. **What is the name of the manufacturer/operating system of your smartphone?**

|  |  |  |
| --- | --- | --- |
| ☐ iPhone (Apple) | ☐ Android (e.g., Samsung, Huawei, etc.) | ☐ Windows |
| ☐ I don’t know | ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **How do you connect to the internet on your smartphone**

|  |  |  |
| --- | --- | --- |
| ☐Mobile Data | ☐ Wi-Fi only | ☐ Both |

1. **Please categorise your usage habits regarding your smartphone (multiple selections allowed):**

|  |  |
| --- | --- |
| ☐ | Voice calls |
| ☐ | Instant messaging |
| ☐ | Taking pictures,  web browsing |
| ☐ | Social media, Facebook Messenger, WhatsApp |
| ☐ | Intensive app use, more than 10 apps downloaded and installed |
| ☐ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### Section C- Use of mHealth technology

1. **Have you ever used your smartphone for health-related reasons?**

| ☐ | Yes | Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| ☐ | No | (Skip to question 12) |

1. **Do you use any of the following mHealth devices/ applications? (Select all that apply)**

|  |  |
| --- | --- |
| ☐ | Step-tracker mobile application |
| ☐ | Smartwatch / wrist-worn fitness band |
| ☐ | Medication reminder mobile application |
| ☐ | Fitness application |
| ☐ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Have you ever used the web portal myHealth to access your medical records?**

|  |  |  |
| --- | --- | --- |
| ☐ Yes | ☐ No | ☐ I never heard of it |

#### Section D- Technical knowledge and abilities in smartphone usage

1. **How would you describe your skills in using your smartphone?**

|  |  |  |
| --- | --- | --- |
| ☐ I can’t use a smartphone | ☐ Basic | ☐ Average |
| ☐ Above-average | ☐ Advanced | |

1. **Do you need assistance in using your smartphone?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Never | ☐ Rarely | ☐ Sometimes | ☐ Frequently | ☐ Always |

1. **Who assists you in using your smartphone?**

|  |  |  |
| --- | --- | --- |
| ☐ I do not need assistance | ☐ Children/ grandchildren | ☐ Partner/ family |
| ☐ Friends/ acquaintances |  | |
| ☐ Others- please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

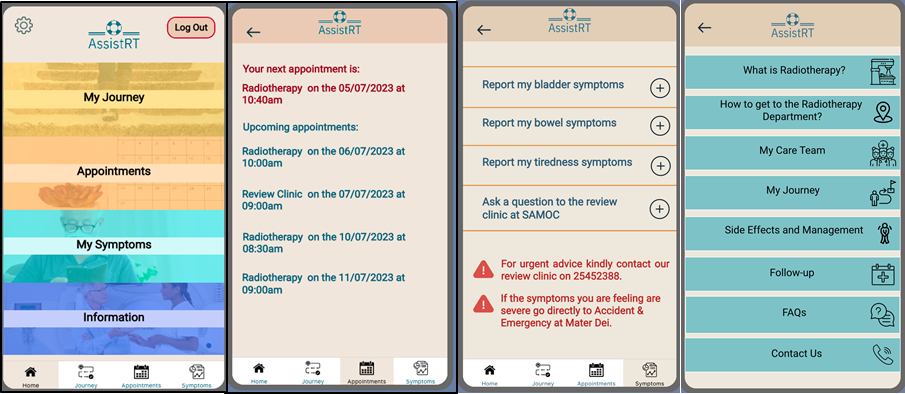
#### 

#### 

#### 

#### Section E- Readiness to use a smartphone app to assist you during your radiotherapy.

We are currently in the process of designing a mobile application to assist patients during radiotherapy. Some pictures of this application are available below.



1. **Overall how useful would you regard a security-certified smartphone app to support you during radiotherapy?**

|  |  |  |
| --- | --- | --- |
| ☐ Very helpful | ☐ Helpful | ☐ Not sure |
| ☐ Unhelpful | ☐ Very unhelpful |  |

1. **Rate the usefulness of these features to assist you throughout your radiotherapy treatment.**

**a) Obtain information about radiotherapy and hospital services.**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**b) Keep track of my appointments**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**c) Communicate with my doctors via videoconferencing**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**d) Remind me to take medications or prepare for treatment**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**e) Report the symptoms experienced during and after my radiotherapy treatment to my doctor**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**f) Obtain advice on how to manage any side effects related to treatment**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**g) Alert my doctor if I’m experiencing severe or abnormal treatment side effects.**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

**h) To keep in touch with my doctor after treatment**

☐ Extremely useful ☐ Very useful ☐ Moderately useful ☐ Slightly useful ☐ Not useful

1. **If a healthcare professional notices that you are experiencing severe side effects based on the symptom data provided, how would you prefer to be contacted?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Through the application | ☐ Phone call | ☐ Email | ☐ Text message |

1. **If you are not proficient in the use of smartphones, would you be willing to have someone assisting you (e.g., a relative or friend) in accessing information related to your radiotherapy treatment?**

|  |  |
| --- | --- |
| ☐ | Yes, I’m willing to ask for help |
| ☐ | No, I’m not willing to ask for help |
| ☐ | I do not need assistance to use a smartphone |

1. **How often would you be willing to answer a short questionnaire regarding your well-being and possible symptoms during radiotherapy?**

|  |  |  |
| --- | --- | --- |
| ☐ Daily | ☐ Every other day | ☐ Weekly |
| ☐ On the first and last day of radiotherapy | | ☐ As required |

1. **Would you trust the safety of your medical data when using a security-certified smartphone application?**

|  |  |  |
| --- | --- | --- |
| ☐ No reservations | ☐ Some reservations | ☐ Undecided |
| ☐ Substantial reservations | ☐ Major reservations |  |

1. **Would you agree to have your anonymised medical data collected via this application to be used for research purposes?**

|  |  |
| --- | --- |
| ☐ Yes | ☐ No |