

Questionnaire for the Evaluation of Vodafone Telemedicine Program

Questionnaire aimed at patients

University of Macedonia



ISEB lab



Researchers

George Efthymiadis, Yiannis Nikolaidis

Patient Code: _____

1. Sex: Male Female

2. Age: _____

3. Residence;

County: _____

Municipality: _____

Community (city - village): _____

4. Marital status:

Single Married Divorced Widowed

5. Employment status:

Student Public servant Farmer Freelancer Retired

Private company employee Other: _____

6. Education level:

Uneducated Few years of Primary school

Primary school High school

Lyceum Higher education

Postgraduate studies Other: _____

7. Before including your local infirmary into the Vodafone Telemedicine Program, how often did you have the following exams in hospitals or contracted doctors?

	Once per month	Once per semester	Once per year	More rarely	Never
1. Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood oxygen saturation monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Blood pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cholesterol and triglycerides test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. After the inclusion of your local infirmary into the Vodafone Telemedicine Program, how often do you have the following exams in hospitals or contracted doctors?

	Once per month	Once per semester	Once per year	More rarely	Never
1. Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood oxygen saturation monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Blood pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cholesterol and triglycerides test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. After including your local infirmary into the Vodafone Telemedicine Program, how often do you have the following exams through the Vodafone Telemedicine Program?

	Once per month	Once per semester	Once per year	More rarely	Never
1. Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood oxygen saturation monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Blood pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cholesterol and triglycerides test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. When you make an appointment to see a hospital doctor or a contracted doctor of the following specialties, which is the average waiting time (in days) until the actual day of the meeting;

a. Cardiologist: _____ b. Pulmonologist: _____ c. Pathologist: _____

11. Is there an operating, local infirmary / medical center in the area where you live?

YES NO I do not know

12. Where does your examination by the local doctor take place?

Health Center Regional Infirmary

At home Elsewhere: _____

13.1. Which is approximately the distance (in km) between your residence and the nearest National Health Service hospital? _____

13.2 How do you travel there? _____

14. Who let you know about the existence of Vodafone Telemedicine Program in the area where you live?

The local doctor Municipality/District
The nearest NHS hospital Vodafone
Relatives and friends Other: _____
Nobody

15. Do you think that the provided primary healthcare services have been significantly improved in the area where you live, since the beginning of the Vodafone Telemedicine Program?

Not at all	A little bit	Enough	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you consider the exams conducted by the local doctor with the Vodafone Telemedicine Program equipment to be reliable?

Not at all	A little bit	Enough	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you know that through the Vodafone Telemedicine Program, the local doctor has the option to ask for advisory support from the Athens Medical Center doctors in cardiological and pulmonary cases?

YES NO

18. Are you informed from the local doctor about the advisory support he/she can get from the Athens Medical Center doctors?

YES NO

19. If yes, how reliable do you consider this support?

Not at all	A little bit	Enough	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Has the Vodafone Telemedicine Program reduced the number of your visits to hospitals?

Not at all	A little bit	Enough	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Has the Vodafone Telemedicine Program improved your health?

Not at all	A little bit	Enough	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

22. Overall, how would you assess the Vodafone Telemedicine Program?

Very bad	Bad	Average	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Based on your personal experience, do you think that a telemedicine program like the Vodafone Telemedicine Program should run on a permanent basis in your area?

YES NO

If you answered no, please justify:

24. Do you have any concerns regarding the protection of your personal data?

YES NO

If you answered yes, please justify:

25. Do you know that the operation of the Vodafone Telemedicine Program is funded exclusively by Vodafone SA;

YES NO

26. Do you think that the Vodafone Telemedicine Program contributes to the improvement of your life quality?

Not at all	A little bit	Enough	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>