Supplementary Material

Introducing the Parkinson's KinetiGraph into Routine Parkinson's Disease Care: A 3-Year Single Centre Experience

PKG Service Questionnaire





We would like to evaluate your experience of the Parkinson's Kinetigraph™ (PKG) service that has formed part of your Parkinson's care. It is important that we regularly collect opinions of service users to ensure a high standard of current and future care. Thank you for taking the time to complete this questionnaire. Once completed, please return in the freepost envelope provided. All responses will remain anonymous. Please think about your **most recent PKG** as you answer the questions throughout.

General Inform	mation (please	complete in dd	/mm/yyyy t	format)	
TODAY'S DATE:			Date of most recent PKG:		
D.O.B:			_		
DATE OF DIAGNOSIS:			_		
Receiving the	PKG (please	tick responses	s)		
How many time	es have you ha	d a PKG fitted?			
□ 1	□ 2	□3		Other	
How did you red □ By post	ceive your mo		levice?		

Before you receive the device?	d the PK	G, what w	as your le	vel of und	erstanding	g about the purpose of
No Understanding						Excellent
	1	2	3	4	5	Understanding
How helpful was the explaining about the			vided to y	ou when y	ou first re	ceived the PKG in
Not at all helpful						Extremely Helpful
	1	2	3	4	5	
Using the PKG						
How comfortable of	-		_		_	
Not at all comfortab					_	Extremely comfortable
	1	2	3	4	5	
Please give details:	:					
Did you experience ☐ Yes ☐ No	e any tecl	nnical diff	iculties wi	th the dev	ice?	
If 'YES' please give	details:					

How did you return ☐ By post		G device? In clinic				
How did you find th	e proce	ess of retur	ning the c	levice?		
Not at all simple						Extremely simple
	1	2	3	4	5	
Please let us know l	now thi	s process c	could have	been imp	roved:	
PKG Results						
After returning the ☐ Under a month ☐ 3-4 months	PKG, ho	_	d it take to □ 1-2 mon □>4month	ths	our results	? □ 2-3 months
Did you receive you ☐ Yes ☐ No	r result	s by letter	?			
If 'YES', how useful	did vou	find the ir	nformation	1?		
Not at all useful				··		Extremely useful
rrot at an asera.	1	2	3	4	5	Extremely abera.
Did you receive you ☐ Yes ☐ No	ır result	s by email	?			
If 'YES', how useful	did you	find the ir	nformation	ո?		
Not at all useful						Extremely useful
	1	2	3	4	5	-

Did you receive you ☐ Yes ☐ No	ır results b	y telephor	ne?			
If 'YES', how useful	did you fin	d the info	rmation?			
Not at all useful						Extremely useful
	1	2	3	4	5	
Did you receive a co ☐ Yes ☐ No	opy of the	graph (pic	tured)?	18-00 20:00	22 00 00 00 1% GOV (10%) 1% GOV	
If 'YES', how useful	did you fin	d the info	rmation?			
Not at all useful						Extremely useful
	1	2	3	4	5	
Did you receive a co ☐ Yes ☐ No	opy of the	report (pio	ctured)?	Tremot Evidence of Service There are send of TI There or present PT Tremor present	T > 10%) Score Controls \$1.6 4.3 15.15 15.15	NO NEGATIVE AND
If 'YES', how useful	did you fin	d the info	rmation?			
Not at all useful						Extremely useful
	1	2	3	4	5	
How would you like necessary) ☐ By letter	e to receive		ilts in futur By phone	e? (Please	tick more	than one if
☐ In a report			In a graph			☐ In a report
· · · · · · · · · · · · · · · · · · ·	ese results			our lived e	experience	during the time the
Not at all reflecti						Extremely reflective
	1	2	3	4	5	

Impact on care						
How useful were th	ne medi	cation rem	inders in a	assisting y	ou with tal	king your medication on
Not at all useful						Extremely useful
	1	2	3	4	5	
If applicable, how u your Doctor or Nur		as the PKG	data in a	ssisting wi	th explaini	ng your symptoms to
Not at all useful						Extremely useful
	1	2	3	4	5	
hat you could not	have pr	•	ng data to	your Doct	or or Nurs	e about your symptoms
Not at all valuabl	e 🗆					Extremely valuable
	1	2	3	4	5	
If 'YES' please give	details:					
If 'YES' were these	change	s made?				
If 'YES', how long diresults?	id it tak	e for these	changes t	to be mad	e from the	time of receiving the
□1-4 weeks			□ 1-2 mon	iths		☐ 2-3 months
□3-4 months			□>4month	าร		

Questionnaire continued overleaf

PKG Service Satisfaction					
What level of involvement receiving the PKG?	do you fe	el you hav	e had in yo	our treatm	ent as a result of
Not at all involved \square					Extremely involved
1	2	3	4	5	
What level of involvement of receiving the PKG?	do you fe	el your <u>cor</u>	<u>nsultant</u> ha	as had in yo	our treatment as a result
Not at all involved \square					Extremely involved
1	2	3	4	5	
What level of involvement a result of receiving the PK	•	el your <u>Par</u>	rkinson's N	<u>lurse</u> has h	nad in your treatment as
Not at all involved \square					Extremely involved
1	2	3	4	5	
Please put a tick next to th ☐ "I was happy with the PKG ☐ "I would have preferred to	as it mean	t I did not h	nave to trav	el for my a	ppointment."
☐ Neither of the above.					
Areas of concern:					
Please tick any areas of con ☐The PKG device itself	ncern you	•	with the P ant Involve		e: □ Treatment
□No concerns		□Other			
Please give any details of t	hese conc	erns below	v:		

Would you be willing to use the PKG again to assist in the management of your Parkinson's Disease in the future? ☐ Yes ☐ No Thank you Thank you for taking the time to fill in this questionnaire on the PKG service. Please share any additional comments in the space below.
Disease in the future? Yes No Thank you Thank you for taking the time to fill in this questionnaire on the PKG service. Please share
Disease in the future? ☐ Yes ☐ No Thank you Thank you for taking the time to fill in this questionnaire on the PKG service. Please share
Disease in the future? ☐ Yes ☐ No Thank you Thank you for taking the time to fill in this questionnaire on the PKG service. Please share
Disease in the future? Yes No Thank you Thank you for taking the time to fill in this questionnaire on the PKG service. Please share
Disease in the future? ☐ Yes ☐ No Thank you Thank you for taking the time to fill in this questionnaire on the PKG service. Please share
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Please return your completed questionnaire using the freepost return envelope provided.