

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 Information (please complete in dd/mm/yyyy format)

TODAY'S DATE:	_____	Date of most recent PKG:	_____
D.O.B:	_____		
DATE OF DIAGNOSIS:	_____		

Receiving the PKG (please tick responses)

How many times have you had a PKG fitted?

1 2 3 Other _____

How did you receive your most recent PKG device?

By post In clinic

Before you received the PKG, what was your level of understanding about the purpose of the device?

No Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excellent Understanding
	1	2	3	4	5	

How helpful was the information provided to you when you first received the PKG in explaining about the device?

Not at all helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely Helpful
	1	2	3	4	5	

Using the PKG

How comfortable did you find wearing the device?

Not at all comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely comfortable
	1	2	3	4	5	

Please give details:

Did you experience any technical difficulties with the device?

Yes | No

If 'YES' please give details:

How did you return the PKG device?

By post In clinic

How did you find the process of returning the device?

Not at all simple Extremely simple
 1 2 3 4 5

Please let us know how this process could have been improved:

PKG Results

After returning the PKG, how long did it take to receive your results?

Under a month 1-2 months 2-3 months
 3-4 months >4months

Did you receive your results by letter?

Yes No

If 'YES', how useful did you find the information?

Not at all useful Extremely useful
 1 2 3 4 5

Did you receive your results by email?

Yes No

If 'YES', how useful did you find the information?

Not at all useful Extremely useful
 1 2 3 4 5

Impact on care

How useful were the medication reminders in assisting you with taking your medication on time?

Not at all useful Extremely useful
1 2 3 4 5

If applicable, how useful was the PKG data in assisting with explaining your symptoms to your Doctor or Nurse?

Not at all useful Extremely useful
1 2 3 4 5

How valuable was the PKG in providing data to your Doctor or Nurse about your symptoms that you could not have provided?

Not at all valuable Extremely valuable
1 2 3 4 5

Were any changes to your treatment recommended as a result of the PKG results?

Yes | No

If 'YES' please give details:

If 'YES' were these changes made?

Yes | No

If 'YES', how long did it take for these changes to be made from the time of receiving the results?

1-4 weeks 1-2 months 2-3 months
 3-4 months >4months

Questionnaire continued overleaf

PKG Service Satisfaction

What level of involvement do you feel you have had in your treatment as a result of receiving the PKG?

Not at all involved Extremely involved
1 2 3 4 5

What level of involvement do you feel your consultant has had in your treatment as a result of receiving the PKG?

Not at all involved Extremely involved
1 2 3 4 5

What level of involvement do you feel your Parkinson's Nurse has had in your treatment as a result of receiving the PKG?

Not at all involved Extremely involved
1 2 3 4 5

Please put a tick next to the statement you agree with most:

"I was happy with the PKG as it meant I did not have to travel for my appointment."

"I would have preferred to travel to have a clinic appointment."

Neither of the above.

Areas of concern:

Please tick any areas of concern you may have with the PKG service:

The PKG device itself Consultant Involvement Treatment

No concerns Other

Please give any details of these concerns below:
