

# The assessment of and attitude towards specialist teleconsultations among patients of Nephrology and Posttransplant Outpatient Clinics

*The survey is anonymous and should not be signed.*

*The survey consists of 32 closed questions and 1 open question.*

*The survey takes about 5 minutes to complete.*

*In each closed-ended question, please mark 1 answer, unless the instructions say otherwise.*

## 0. Introduction information

0.1. Age \_\_\_\_\_ years

0.2. Gender ☐ F / ☐ M

0.3. Education

☐ Elementary/high school

☐ Elementary vocational

☐ Secondary (high school, technical school)

☐ Higher

0.4. Status

☐ Person studying

☐ Person working

☐ Person not working

☐ Pensioner

☐ Person receiving benefits

0.5. Place of residence

☐ Countryside

☐ City up to 10 thousand residents

☐ City of 10 – 50 thousand residents

☐ City of 50 – 100 thousand residents

☐ City of 100 – 500 thousand residents

☐ City of more than 500 thousand residents

0.6. Do you use remote services e.g.: virtual access to the office/mobile banking/online shopping?

☐ YES

☐ NO

0.7. Do you use an Internet Patient Account?

☐ YES

☐ NO

## 1. Using of teleconsultations

1.1. Have you ever used teleconsultation in a nephrology clinic or after a kidney transplant?

☐ YES

☐ NO

**YES** then please complete the following questions **NO** then go to question 1.2:

1.1.1. How many times have you used teleconsultation at a nephrology outpatient clinic or after kidney transplantation in the past 2 years?

☐ 1

☐ 2-4

☐ 5 or more

1.1.2. Did you have a choice between a teleconsultation or an face to face visit?

☐ YES

☐ NO

1.1.3. How long had you been a member of a nephrology or renal transplant clinic when you used teleconsultation for the first time?

☐ < 6 months

☐ 6 months – 2 years

☐ 2-5 years

☐ > 5 years

1.1.4. What is the distance of your residence from a nephrology or renal transplant clinic?

☐ Same city

☐ < 10km

☐ 10-50 km

☐ > 50km

1.2. How many times have you used an inpatient visit to a nephrology clinic or after a kidney transplant in the past 2 years?

☐ 0      ☐ 1      ☐ 2-4      ☐ 5 or more

1.3. How many other (besides nephrology or kidney transplant clinics) specialty clinics have you used in the past 2 years?

☐ None      ☐ 1      ☐ 2 or more

1.4. Have you used teleconsultation at a family doctor?

☐ YES      ☐ NO

**YES** then please complete the following questions      **NO** then go to question 1.5:

1.4.1. How many times have you used teleconsultation in the family doctor in the last 2 years?

☐ 1      ☐ 2-4      ☐ 5 or more

1.4.2. Please rate your level of satisfaction with the health care services provided during teleconsultation at the family doctor

*Mark an x in the appropriate cell*

1	1	2	3	4	5	5
Negative assessment						Positive assessment

1.5. How many times have you used an inpatient visit to a family doctor in the past 2 years?

☐ 0      ☐ 1      ☐ 2-4      ☐ 5 or more

## 2. The course of teleconsultation in a nephrology or transplant clinic

2.1. In what form was the teleconsultation conducted?

☐ Telephone consultation      ☐ Email      ☐ Videoconversation

2.2. What was the purpose of the teleconsultation(s)?

*Please mark **ALL** the appropriate ones*

☐ Renewal of prescriptions      ☐ Discussion of test results  
☐ Follow-up visit/plan      ☐ Consultation due to the new symptoms  
☐ Other: \_\_\_\_\_

2.3. Was the information provided during the teleconsultation understood by you?

☐ Definitely yes      ☐ Rather yes      ☐ Hard to say  
☐ Rather not      ☐ Definitely not

2.4. Did you need help from loved ones during the teleconsultation?

☐ YES      ☐ NO

2.5. Has the problem you addressed been resolved?

☐ YES      ☐ NO

**YES** then go to question 3.1

**NO** then complete the following question

2.5.1 In a situation where the teleconsultation did not fully solve the problem, was there an opportunity to make an in-person appointment?

☐ YES ☐ NO

### 3. Attitudes toward teleconsultation

3.1. What do you think are the main advantages of telemedicine?

Please mark **ALL** the appropriate ones

- ☐ Ability to consult without leaving home ☐ Less risk of infection  
☐ Shorter waiting time for advice ☐ I don't see any advantages  
☐ Other: \_\_\_\_\_

3.2. What do you think are the biggest disadvantages of telemedicine?

Please mark **ALL** the appropriate ones

- ☐ Difficulty in understanding the recommendations given by the doctor  
☐ Lack of opportunity for the doctor to conduct an examination  
☐ Technical problems during the telemedicine (e.g., interruption, interference, crackling)  
☐ Problems in describing symptoms-worse understanding by the doctor  
☐ Greater risk of misdiagnosis  
☐ I don't see any defects  
☐ Other: \_\_\_\_\_

3.3. Would you be willing to use teleconsultation in the future:

- ☐ Definitely yes ☐ Rather yes ☐ Hard to say  
☐ Rather not ☐ Definitely not

3.4. Please rate your level of satisfaction with the health services provided during the teleconsultation at the nephrology/kidney transplant clinic:

Mark an **x** in the appropriate cell

1 Negative rating	1	2	3	4	5	5 Positive rating

3.5 In the following situations, do you prefer a remote or in-patient visit to a specialist clinic::

Mark an **x** in the appropriate cell

3.5.1. Renewal of prescriptions

Strongly prefer teleconsultation	Rather prefer teleconsultation	I don't see the advantage of either form of visit	Rather prefer in-patient visit	Strongly prefer in-patient visit

3.5.2. Discussion of laboratory results

Strongly prefer teleconsultation	Rather prefer teleconsultation	I don't see the advantage of either form of visit	Rather prefer in-patient visit	Strongly prefer in-patient visit

### 3.5.3. Follow-up/scheduled visit

Strongly prefer teleconsultation	Rather prefer teleconsultation	I don't see the advantage of either form of visit	Rather prefer in-patient visit	Strongly prefer in-patient visit

### 3.5.4. Consultation due to new symptoms

Strongly prefer teleconsultation	Rather prefer teleconsultation	I don't see the advantage of either form of visit	Rather prefer in-patient visit	Strongly prefer in-patient visit

### 3.6 Would you recommend a teleconsultation at a specialty clinic to a loved one?

*Mark an x in the appropriate cell*

0 Definitely not	0	1	2	3	4	5	6	7	8	9	10	10 Definitely yes

*Thank you for completing the survey!*