## Patient Questionnaire—General New Health Technology

NO.

**Medical institutions: \_\_\_\_\_ Provincial \_\_\_\_\_ Municipal \_\_\_\_ Country \_\_\_\_ Hospitals**

Hello! Thank you for participating in the questionnaire survey of the National Natural Science Foundation of China Project *"*Application model construction and empirical research of new medical technology transformation" conducted by Ministry of Health key laboratory of Health Technology Assessment (Fudan University).

The new medical technologies mentioned in the following questions refer to drugs, equipment, diagnostic and therapeutic procedures, operations, etc. That are newly used in hospitals. Please fill in the following questions according to your actual situation, and the multiple-choice questions are all single-choice unless the special explanation is "multiple choice". The patient himself or the patient's family members can fill in the form.

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1. **Basic Personal Information**
2. Your gender is: **\_\_\_\_\_**① male ② female
3. Year of birth is:**\_\_\_\_\_**
4. Local resident population: **\_\_\_\_\_**① Yes ② No
5. Location of household registration: **\_\_\_\_\_**① Rural area ② Urban area ③ Other area**\_\_\_\_\_** (please specify)
6. The departments you visited are: **\_\_\_\_\_**

① Internal Medicine ② Surgery ③ Obstetrics and Gynecology ④ Pediatrics ⑤ ENT ⑥ TCM ⑦ Emergency department ⑧ Health department ⑨ General practice ⑩ICU⑪ Other **\_\_\_\_\_** (please specify)

1. The main diseases you seek medical treatment this time are:
2. Is your current disease first diagnosed and confirmed in this hospital: ① Yes ② No, if not, the confirmed hospital is:

① Clinics ②Village clinics ③ Health centers ④ Community health service centers ⑤ Health institutions in counties/county-level cities/cities under provincial jurisdiction

⑥ Health institutions under provincial/regional/municipal jurisdiction ⑦ Health institutions under provincial/municipal jurisdiction and above ⑧ Other (please specify) \_

1. The severity of your current illness is:

① Not serious ② Less serious ③ General ④ More serious ⑤ Very serious

1. How long have you had your current illness?

① Within 1 year ② Within 3 years ③ Within 5 years ④ More than 5 years

1. What kind of medical insurance do you have? **\_\_\_\_\_**(Multiple choices allowed)

① Free Medical Service ② Basic Medical Insurance for Urban Employees ③ Basic Medical Insurance for Urban Residents ④ New Rural Cooperative Medical System

⑤ Commercial medical insurance ⑥ Others **\_\_\_\_\_** (please specify) ⑦ Not participating in any insurance

1. Your highest degree is: **\_\_\_\_\_**

① Primary school and below ② Junior high school ③ Senior high school (technical secondary school) ④ College or equivalent education ⑤ Undergraduate ⑥ Postgraduate

1. The highest education level of all members of your family is: **\_\_\_\_\_**

① Primary school and below ② Junior high school ③ Senior high school (technical secondary school) ④ College or equivalent education ⑤ Undergraduate ⑥ Postgraduate

1. Your occupation: **\_\_\_\_\_**

① Managers of government organs, enterprises and institutions ② Professional and technical personnel ③ General staff

④ Commercial/Service Workers ⑤ Private businesses ⑥ Non-farm Industrial Workers

⑦ Agricultural workers (engaged in agriculture, forestry, animal husbandry and fishery)

⑧ Students ⑨ Retired ⑩ Others **\_\_\_\_\_** (please specify)

1. The annual per capita income of your family is about: **\_\_\_\_\_**

① Less than 50,000 ② 50,000-100,000 (including 50,000) ③ 100,000-150,000 ④ 150,000-200,000 ⑤ 200,000-250,000 ⑥ More than 250,000

1. **Patients’ Cognition of New Medical Technologies**
2. In your opinion, what characteristics should a new medical technology have? **\_\_\_\_\_** (Multiple choices allowed)

① Safe and reliable ② Good treatment effect ③ Reasonable cost ④ Convenient use

⑤ Better patient experience (less pain and adverse reactions, etc.) ⑥ Strong significance of scientific and technological innovation ⑦ Others **\_\_\_\_\_** (please specify)

1. How concerned are you about new medical technologies in the field of your disease?

① Very little attention ② Relatively little attention ③ General ④ Relatively much attention ⑤ Very much attention

1. How did you learn about high-throughput gene sequencing technology? **\_\_\_\_\_** (Multi-choice)

① Paper Media (newspapers, magazines, etc.) ② Internet ③ New media (mobile APP, WeChat push, etc.)

④ Introduction of relatives and friends ⑤ Introduction of medical staff ⑥ Community propaganda ⑦ Learning manual distributed by hospital

⑧ Publicity of pharmaceutical enterprises ⑨ Publicity of retail pharmacies ⑩ Self-learning of medical professional knowledge ⑪ Others (please specify)

1. In general, what is your attitude towards the clinical use of new medical technologies?

① Very unsupported ② Comparatively unsupported ③ General ④ Comparatively supported ⑤ Very supported

1. **Patients’ demands for new medical technologies**
2. Are you willing to use new medical technology to treat diseases?

① Very reluctant ② More reluctant ③ General ④ More willing ⑤ Very willing (Please skip the 21 if you choose ④ or ⑤**)**

1. If you do not want to use it, what is your main consideration? (Multi-choice)

① Uncertainty of safety and risk ② Uncertainty of curative effect ③ High cost ④ Unable to guarantee my right to privacy and information, etc.

⑤ Not trusting doctors ⑥ The reimbursement rate is low ⑦ The side effect or side reaction is relatively large ⑧ It is not convenient to use ⑨ Others (please specify)

1. If you are willing to use it, what are your main considerations? (Multi-choice)

① Better safety ② Better effect and accuracy ③ Lower cost

④ Can protect my right to privacy, the right to know, etc. ⑤ Trust doctors ⑥ Higher proportion of medical insurance reimbursement ⑦ Less side effects or side reactions ⑧ New technology is easy to use ⑨ Others (please specify)

1. **Patient participation in the use of new technologies and clinical decision-making**
2. Have you expressed any needs or ideas to doctors about the use of medical technology? ① Yes ② No (Skip to 24)
3. Can you get a response to the needs or ideas you expressed to your doctor?

① Not at all ② Small part of it ③ General ④ Most of it ⑤ Complete

1. The following questions, according to your actual situation, please answer the following table of questions, check the corresponding position. (Please tick "✔" in the corresponding box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Content | 1. Disagree strongly | 2. Compare and disagree | 3.General  | 4. More agreed | 5. VeryAgree |
| 1. My doctor made clear that a decision needs to be made in the decision of new technology and relevent technologies use.
 |  |  |  |  |  |
| 1. My doctor wanted to know exactly how I want to be in volved in the decision of new technology and relevent technologies use.
 |  |  |  |  |  |
| 1. My doctor told me that there are different options for treating my meical condition.
 |  |  |  |  |  |
| 1. My doctor precisely explained the advantages and disadvantages of the new technology and relevent technologies.
 |  |  |  |  |  |
| 1. My doctor helped me understand all the information.
 |  |  |  |  |  |
| 1. My doctor asked me which treatment option I prefer in the decision of new technology and relevent technologies use.
 |  |  |  |  |  |
| 1. My doctor and I thoroughly weighed the different treatment options in the decision of new technology and relevent technologies use.
 |  |  |  |  |  |
| 1. My doctor and I selected a treatment option together in the decision of new technology and relevent technologies use.
 |  |  |  |  |  |
| 1. My doctor and I reached an agreement on how to proceed.
 |  |  |  |  |  |

1. In the decision of new technology and relevent technologies, how do you actually choose it?

① I prefer to make the treatment decision on my own. ② I prefer to make the treatment decision after hearing the physician’s opinion. ③ I prefer to make the treatment decision together with the physician.

④ I prefer the physician to make the treatment decision after talking to me. ⑤ I prefer the physician to make the decision on his/her own. ⑥ I don’t know.

1. For the use of disease treatment techniques, your preferred or desired choice is

① I choose alone ② I choose after listening to the doctor's advice ③ I choose with the doctor

④ After the doctor told me, the doctor ⑤ Doctor alone ⑥ Not sure

1. What problems did the doctor explain to you about the new technology to diagnose/treat the disease?

 (Multiple choices allowed)

① Safety and risk ② Treatment effect ③ Related cost ④ Side effects/side reactions ⑤ Points for attention

⑥ Follow-up treatment program ⑦ Alternate program strengths and weaknesses

⑧ Others (please specify) ⑨ None (please skip the next question)

1. Generally speaking, do you know more about the technology after the doctor explains the relevant questions? ① Yes ② No
2. What questions did the doctor ask you about the new technology to diagnose/treat the disease?

 (Multiple choices allowed)

① Expense bearing capacity ② Medical insurance reimbursement level ③ Risk bearing capacity ④ Family recuperation and care conditions ⑤ Disease treatment expectation

⑥ Selection of follow-up treatment programs ⑦ Personal preference for technology selection ⑧ Others (please specify) ⑨ None

1. How satisfied are you with the doctor's service in the process of screening/diagnosis and treatment technology selection?

① Very dissatisfied ② Relatively dissatisfied ③ Average ④ Relatively satisfied ⑤ Very satisfied

1. **Patients’ Perception of New Medical Technologies**
2. Have you ever used new medical technology for diagnosis/treatment？ ①Yes (**please skip to 33**) ② No
3. Generally speaking, the main reason why you don't end up using new medical technology is?

 (Multiple choices allowed) (Please fill in the answer at the end of the questionnaire)

① Doctors do not recommend it ② Friends and relatives do not recommend it ③ Personal preference reasons ④ Objective condition determination ⑤ Higher cost

⑥ Low proportion of medical insurance reimbursement ⑦ Uncertainty of technical safety and risk ⑧ Uncertainty of technical effect ⑨ Side effects or side reactions are relatively large

⑩ Inconvenient use ⑪ possible invasion of privacy or other ethical issues ⑫ other (please specify)

1. Generally speaking, hat is the main reason that you finally use the new medical technology?

 (Multiple choices allowed)

① Doctors recommend the use ② relatives and friends recommend the use ③ personal preference reasons ④ objective condition decision ⑤ less cost

⑥ The proportion of medical insurance reimbursement is high ⑦ The technical safety is better ⑧ The technical effect is better ⑨ The side effect or side reaction is relatively small.

⑩ Convenience of use ⑪No ethical issues ⑫ others (please specify)

1. Have you had any adverse reactions during the use of new technologies? ①Yes ②No (skip to 36)
2. Have any adverse reactions to the new technologies been reported to the hospital or relevant suppliers by in a timely manner? ① Yes ② No
3. What is your overall satisfaction with the use of new technology?

① Very bad ② Relatively bad ③ Average ④ Relatively good ⑤ Very good

1. What is your overall experience with the new technique (reduced side effects, pain, etc.)?

① Very bad ② Relatively bad ③ Average ④ Relatively good ⑤ Very good

1. After using the new technology, what do you think of its safety and risk?

① Very bad ② Relatively bad ③ Average ④ Relatively good ⑤ Very good

1. How do you feel about the effect of the new treatment?

① Very bad ② Relatively bad ③ Average ④ Relatively good ⑤ Very good

1. What do you think of the cost of the new treatment?

① Very high ② Relatively high ③ Almost ④ Relatively low ⑤ Very low

1. What else would you like to say about the clinical application of the new technology?

**Thank you for your cooperation.**