



Advancing Care Coordination
and Telehealth Deployment

ACT Programme

Annex B to Deliverable 10 :

Patient Focus Group Template

Due date of deliverable: M27
Actual submission date: 1 June 2015



DOCUMENT INFO

Author(s)

Author	Company	E-mail
Störk, Stefan	UKW	Stoerk_S@ukw.de
Wahl, Carolin	UKW	Wahl_C@ukw.de
Malsch, Carolin	UKW	Malsch_C@ukw.de

Documents history

Document version #	Date	Change
V0.1		Starting version, template
V0.2		Definition of ToC
V0.3		Draft version, contributions by partners
V0.4		Updated draft
V0.5		Final draft
Sign off		Signed off version
V1.0		Approved Version to be submitted to EU

Document data

Editor Address data	Name: Störk, Stefan Partner: Universitätsklinikum Würzburg Address: Josef-Schneider-Straße 2, Würzburg, Germany Phone: +49-931-201-46362 E-mail: Stoerk_S@ukw.de
Delivery date	1 June 2015

Keywords

Keywords	
-----------------	--

Patient Adherence Focus Group CRF

Page 1 of 13



Region: _____ Program Name: _____ WP6 PA

Program Name: _____
 Number of Participants: _____
 TeleHeath involved: Yes No
 Location (town): _____
 Total duration of the interview: _____ min

Date of interview ____/____/20____
 T T M M J J J J

Staff 1
 Name: _____ Interviewer: Female: Job Title: _____
 Email: _____ Recorder: Male: Worked in the program: _____ yrs

Staff 2
 Name: _____ Interviewer: Female: Job Title: _____
 Email: _____ Recorder: Male: Worked in the program: _____ yrs

GROUP DESCRIPTION

Participant 1	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 2	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 3	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 4	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 5	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 6	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 7	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 8	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 9	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*
Participant 10	Year of birth: _____	Major Disease: _____	Female: <input type="radio"/>	Duration in the program: _____ y	Education Level:*

* 1 = No graduation / 2 = lower secondary school-leaving certificate / 3 = Intermediate secondary school-leaving certificate / 4 = Specialized or upper secondary school leaving certificate / 5= Other school leaving certificate

Draft 6.0 16.10.2014

Patient Adherence Focus Group CRF

Page 2 of 13



Region: _____

Program Name: _____

WP6 PA

1. To start with, let's talk a little bit about your health condition, what you understand about your condition and what it is like to manage your health condition.

a) Would someone like to start by talking to the group a little about your health condition and what it means to you?

b) What do you understand about your health condition?

c) Do you understand what your diagnosis means?

yes Quantity*: _____

no Quantity*: _____

Can you tell me in your words, what your diagnosis actually means?

d) How do you manage your health condition?

e) What kind of symptoms / limitations do you have to deal with?

f) How do you feel about your problems?

2.
a) How do you feel about your day-to-day quality of life?

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 3 of 13



Region: _____

Program Name: _____

WP6 PA

- b) Is your quality of life good or bad?
- | | | |
|------|-----------------------|------------------|
| good | <input type="radio"/> | Quantity*: _____ |
| bad | <input type="radio"/> | Quantity*: _____ |

c) In what way?

3.

a) Do you feel that you have received sufficient support from relatives, friends, and informal caregivers?

- | | | |
|-----|-----------------------|------------------|
| yes | <input type="radio"/> | Quantity*: _____ |
| no | <input type="radio"/> | Quantity*: _____ |

b) If "yes", why?

c) If "no", why not?

4.

a) Do you think that your actions/behaviours (e.g., taking medication, following a good diet, taking part in exercise) are directly influencing your health?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

b) In what way? Can you give examples?

c) Do you think that there are things you can do in order to improve your health condition?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 4 of 13



Region: _____

Program Name: _____

WP6 PA

d) In what way? Can you give examples?

5. Let's now talk a little bit about the medication you take for your health condition.

a) Can you talk to the group about the medication that you take? What do you understand about the medication that you take?

b) Do you believe that the medication you take sustains / helps your health condition?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

c) If you do believe, why?

d) If you do not believe, why not?

e) Have you a set routine how to take your medication?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

f) If you do, why? Is this useful?

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 5 of 13



Region: _____

Program Name: _____

WP6 PA

g) If not, why not?

h) Do you take your medication at the same time every day?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

i) If you do, why? Is this easy or difficult?

j) If not, why not?

k) Have you been advised how to take your medication?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

l) What kinds of things stop you taking your medication?

- | | | |
|--|-----------------------|------------------|
| Feeling unwell | <input type="radio"/> | Quantity*: _____ |
| Side effects | <input type="radio"/> | Quantity*: _____ |
| Do not believe that
the medication helps: | <input type="radio"/> | Quantity*: _____ |
| _____ | <input type="radio"/> | Quantity*: _____ |
| _____ | <input type="radio"/> | Quantity*: _____ |

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 6 of 13



Region: _____

Program Name: _____

WP6 PA

6.

a) Do you believe that you follow (adhere to) the advice of your healthcare professional with respect to your health?

Strongly agree

Quantity*: _____

Agree

Quantity*: _____

No opinion

Quantity*: _____

Disagree

Quantity*: _____

Strongly disagree

Quantity*: _____

b) If you do, why?

c) If not, why not?

7. Now let's talk a little bit about '*insert programme name here*'

a) What can you tell me about '*insert programme name here*'

b) What do you know about the programme's aims / primary goals of the program?

c) How did you become part of the programme?

d) Were you invited by your nurse, doctor, and specialist?

***Quantity = how many did vote for this item**

Patient Adherence Focus Group CRF

Page 7 of 13



Region: _____

Program Name: _____

WP6 PA

e) Did **you choose** to participate in the program?

f) Was it a joint decision with your doctor/nurse?

g) How was your health before you participated in this program?

h) Do you feel that your health has stabilized or improved my health? In what way?

i) Do you believe that taking part in the program improves the level of care you receive?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

j) If you do, why?

k) If not, why not?

If there is no TeleHealth component in your program, you can now go to the last page (p. 13)!

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 8 of 13



Region: _____

Program Name: _____

WP6 PA

**The following section (page 8-12) is only for participants in programs with TeleHealth!
If your program does not have a TeleHealth part, please continue with page 13.**

- 8.
- a) Now let's talk a little bit about telehealth. Specifically, can you tell me a little about how you were introduced to the telehealth component on your programme?
- _____
- _____
- _____
- b) What was telehealth recommended for?
- _____
- _____
- _____
- c) How was it explained to you?
- _____
- _____
- _____
- d) Did you have a choice whether or not to use telehealth?
- _____
- _____
- _____
- e) Did you find the use of technical equipment to monitor your health frightening before the start of this program?
- yes Quantity*: _____
- no Quantity*: _____
- f) If "yes", why?
- _____
- _____
- _____
- g) In „no“, why not?
- _____
- _____
- _____
9. Let's talk a little about the telehealth equipment in your home, how and what you use it for...
- a) What do you like about having the system?
- _____
- _____
- _____

*Quantity = how many did vote for this item



Patient Adherence Focus Group CRF

Page 9 of 13



Region: _____

Program Name: _____

WP6 PA

b) What do you dislike?

c) Is there anything you find frustrating?

d) Do you feel that the telehealth equipment enables you to access care/information faster or more efficient?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

e) If yes, why do you think so?

f) If no, what is missing?

g) Do you feel that using the telehealth equipment has improved your overall health knowledge about your condition?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

h) If yes, what exactly did improve?

i) If no, what is missing?

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 10 of 13



Region: _____

Program Name: _____

WP6 PA

j) Do you believe that using the telehealth equipment has enabled you to manage your health better/more effectively?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

k) If yes, what exactly did improve? How do you notice the improvement?

l) If no, what is missing?

m) On the whole do you feel safer with your health because of the telehealth equipment?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

n) Are there any reasons you can think of for not using the system?

10. Let's talk a little about how the telehealth equipment in your home and your experiences with it...

a) Were all aspects of the system explained to you?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

b) If no, what was missing?

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 11 of 13



Region: _____

Program Name: _____

WP6 PA

c) Was the installation of the equipment satisfactory?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

d) If no, when and where occurred difficulties?

e) On the whole, does it work well?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

f) If not, when and where occurred difficulties?

g) Is it easy to use?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

h) Do you feel comfortable using the equipment?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

i) If you do, why?

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 12 of 13



Region: _____

Program Name: _____

WP6 PA

j) If you don't, why not?

k) If you have had any problems, have they been resolved quickly?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

l) Would you recommend telehealth to a friend?

- | | | |
|-------------------|-----------------------|------------------|
| Strongly agree | <input type="radio"/> | Quantity*: _____ |
| Agree | <input type="radio"/> | Quantity*: _____ |
| No opinion | <input type="radio"/> | Quantity*: _____ |
| Disagree | <input type="radio"/> | Quantity*: _____ |
| Strongly disagree | <input type="radio"/> | Quantity*: _____ |

m) If you do, why?

n) If you don't, why not?

*Quantity = how many did vote for this item

Patient Adherence Focus Group CRF

Page 13 of 13



Region: _____

Program Name: _____

WP6 PA

11.

- a) Is there anything you would like to add (about your health, condition, the telehealth system, or any of the other topics we discussed before we close the interview?)

– END OF INTERVIEW –

Thank you!