

Supplementary Material 4

iThermonitor Closeout Questionnaire

Study ID: _____

Date: _____

_Thank you participating in the iThermonitor study. Please answer the following questions about your experience using the device to monitor your child's temperature.

- 1. The following are statements about your experience using the iThermonitor. Please rate how much the following statements concerning the iThermonitor are true for you.**
(Please circle the number of your answer):

		Definitely NOT true	A little bit true	Mostly true	Definitely true
1)	Overall, I am satisfied with how easy it was to use the device	1	2	3	4
2)	It was easy learning to use the device	1	2	3	4
3)	I felt comfortable using the device	1	2	3	4
4)	I was able to easily monitor my child's temperature by using this device	1	2	3	4
5)	I feel more confident monitoring my child's temperature by using the device	1	2	3	4
6)	The device was helpful in starting discussions about my child's health with my doctor	1	2	3	4
7)	Using the device makes me feel more connected to my care team	1	2	3	4
8)	I found the mobile application very useful in monitoring my child's temperature	1	2	3	4

9)	I found the out-of-range temperature alert function very useful when my child's temperature was out of range	1	2	3	4
10)	I would recommend iThermonitor to a friend or family member	1	2	3	4
11)	The iThermonitor stayed on my child's body for most days during the study.	Yes		No	
12)	I was able to view my child's temperature data on the provided iPad mini for most days during the study.	Yes		No	

2. **Did you view your child's temperature on the iThermonitor app?**

(Please circle one of these options)

a. Yes

b. No

c.

Prefer not to answer

3. **Did you use another device other than the provided iPad mini to monitor your child's temperature?** (Please circle one of these options)

a. Yes

b. No

c.

Prefer not to answer

4. **How often did you view the measurements?** (Please circle one of these options)

a. Hourly

b. 2-hourly

c. 4-hourly

d. Daily

e. 2-3 times per week

f. Once a week

g. never

h. other: _____

5. Was viewing measurements on the app useful in being able to better manage your child's health? *(Please circle one of these options)*

- a. Yes
- b. No
- c. Prefer not to answer

6. Did viewing measurements on the app help you become more interested in your child's health? *(Please circle one of these options)*

- a. Yes
- b. No
- c. Prefer not to answer

7. Did you discuss the iThermonitor device with others?

(Please circle one of these options)

- a. Yes
- b. No
- c. Prefer not to answer

8. Did you discuss the iThermonitor device with your doctor?

(Please circle one of these options)

- a. Yes
- b. No
- c. Prefer not to answer

9. If you were given the choice would you like to continue using the iThermonitor device to monitor your child's health?

(Please circle one of these options)

- a. Yes
- b. No
- c. Prefer not to answer

10. If the iThermonitor were for sale in a store, would you buy it?

(Please circle all that apply)

- a. Yes, for my child.
- b. No
- c. Prefer not to answer
- d. Yes, for someone else (please tell us who): _____

11. How much do you like the components of the iThermonitor system below? *(Please circle the number of your answer)*

	Not at all	A little bit	I like it	Very much
a) Continuous temperature monitoring	0	1	2	3
b) Viewing measurements on the app	0	1	2	3
c) Alerts when measurements are out of range	0	1	2	3
d) Other (please specify): _____ _____	0	1	2	3

12. Did you experience problems using the iThermonitor?

*(Please circle **one** of these options)*

- a. Yes
- b. No*
- c. Prefer not to answer *

[If **No or “**Prefer not to answer**”, skip to question 14]*

13. What problems did you experience?

*(Please circle **all that apply**)*

- a. Problems keeping the device on my child's body
- b. Problems linking the device with my smartphones
- c. Problems with the iThermonitor battery
- d. Problems setting out-of-range temperature alerts

e. Other problems: _____

14. Please explain in detail the nature of the problem(s) you experienced as marked above:

15. What else would you want added to the iThermonitor system to help to you better monitor your child's health?

16. Did the iThermonitor alert you when your child's temperature was of out-of-range during the study period?

- a) Yes
- b) No
- c) Prefer not to answer

**[If No or "Prefer not to answer", skip to question 17]*

17. How many times did the iThermonitor detect out-of-range temperatures? (If multiple times, please indicate number)

- a) Once
- b) Twice
- c) 3 times
- d) Other: ____times

18. We understand that this questionnaire may not fully capture your experiences participating in this study. Would you be interested in speaking with a research staff about your experiences in this research study?

- a) Yes
- b) No

Your answers are important to us. Please take a moment to check that you have answered all of the questions. Thank you for taking the time to complete this questionnaire!