

Questionnaire to determine the need for support for patients with peripheral arterial disease (PAD)

We would like to expand our offers for patients with peripheral arterial disease (PAD). In order to design these offers close to your interests, you will find below some questions. With your participation in this survey you help us to gain findings on the supply of patients with PAD. All your answers will be kept strictly confidential.

We kindly ask you to fill in the questionnaire completely and to return it together with the signed declaration of consent at the registration desk of the Angiology Outpatient Clinic.

For better readability, only the male form will be used. The female form is always included.

1. Please enter today's date.

. .2018

2. The results of this survey will also be evaluated for different age groups. Please state the year of your birth.

Year of birth

3. Which gender do you have?

Male

Female

4. Please enter the postcode of your main residence.

BURDEN AND DISEASE

5. How strongly do you feel burdened by the disease PAD?

not at all	slightly	moderately	quite	very	No statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How much are you burdened by the following diseases?

	not at all	slightly	moderately	quite	very	Not applicable
Diseases of the musculoskeletal system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illnesses (e.g. depression etc.) or behavioural disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal nutritional or metabolic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the digestive system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the central nervous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How much are you burdened by the following circumstances?

	not at all	slightly	moderately	quite	very	Not applicable
being constantly available for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
family members in need of care or who are seriously ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
conflicts with other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
balancing family and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
financial worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
low recognition of domestic and family work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sole responsibility of adolescent child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
conflicts with partner or ex-partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
unwanted solitude and loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parenting problems, conflicts with child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child(ren) that is/are chronically ill or disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which aspect of your peripheral arterial disease (PAD) burdens you the most?

SUPPORT

9. Do you currently take any medication that also serves to treat PAD?

Yes → How many different types of medication
are you taking?

No

I don't know

10. Did your doctor explain to you why this medication is important?

Yes

No

I don't know

11. What has helped you the most in dealing with your disease so far?

12. Would you like to have more support in dealing with your PAD?

Yes

No

I don't know

WALKING-TRAINING (SET)

Guided walking-training - also referred to as supervised exercise therapy (SET) - is a cornerstone in the treatment of PAD and at least as effective as medication. In the following you will find some questions concerning the support of walking-training and possible forms of support for walking-training.

13. Has supervised walking-training for the treatment of PAD ever been recommended to you?

- Yes.....
- No
- I don't know

14. Do you have any idea what supervised walking-training for patients with PAD might be?

- Yes.....
- No
- I don't know

15. How likely would you make use of the following offers?

	not at all	a little	moderately	quite likely	very likely
Training group with instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training via smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online platform including exchange with other affected patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home training exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lectures and information events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How many meters can you walk currently without pain?

- More than 1000 meters
- More than 200 meters
- Less than 200 meters
- I don't know
-

17. What kind of walking-training would you be interested in?

(multiple answers are possible)

- Group training
- Individual training
- Smartphone based training .. → Which type would you prefer?
in a group alone
-

18. Do you currently perform supervised walking-training?

- Yes →
- No →
- No statement

19. What are the reasons you are not practicing walking-training?

multiple answers are possible

20. On average, how much time per week could you spend on walking-training?

Choose the answer that in your opinion applies the best

- More than 3 times 60 minutes
- 3 times 60 minutes
- 3 times 30 minutes
- Less than 3 times 30 minutes
- I don't know

21. Please indicate how satisfied you are with your medical care.











Not sure

APP-USAGE

22. Do you use a smartphone?

Yes →

continue with question **23**

No →

continue with question **25**

No statement

23. Have you ever heard of smartphone apps that aim to improve your health?

- Yes →

continue with question 24

- No →

continue with question 25

- No statement

24. Do you use such an app and if so, which one?

- Yes, namely: _____
- No
- No statement

25. How relevant are the following categories regarding health apps to support patients with peripheral arterial disease?

	not at all	a little	moderately	quite	very	I don't know
Get information about walking-training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get feedback about walking-training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive suggestions for walking-training goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be able to choose walking-training goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be reminded of the execution of walking-training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be able to interact with other people with PAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be able to interact with doctors or therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Would you be interested to participate in a study that deals with the support of walking-training for PAD patients??

Yes.....

No

No statement.....

27. Are you interested in participating in a study, which examines the support of supervised walking-training for patients with PAD?

Yes.....

No

No statement.....

GENERAL INFORMATION

28. What is your highest school leaving qualification?

- Left without any qualifications
- Lower secondary or primary school qualification
- Polytechnic Advanced Level (8th/9th grade)
- Secondary school/ polytechnic secondary school (10th grade)
- Higher secondary school (11th / 12th grade)
- General university entrance qualification (12th / 13th grade)
- No statement
-

29. Have you completed a vocational training?

- Yes
- No
- No statement
-

30. Do you have a university degree?

- Yes
- No
- No statement
-

31. Are you currently employed?

- Yes, I work full time (36 and more hours per week)
- Yes, I work part time (less than 36 hours per week)
- I am a housewife/ househusband
- I am currently jobseeking/ unemployed
- No, I am pensioned due to my illness(es)
- No, I am pensioned due to my age
- Other: _____

Thank you very much for your participation!