

APPENDIX

1A. BASELINE QUESTIONNAIRE- VIDEO VISIT

Date: _____
yyyy-mm-dd

Patient ID: _____
to be completed by the research team

Comfort with Technology

1. Have you ever participated in a video call with friends, family, your doctor, or coworkers (Examples: FaceTime, Skype, etc.)?
 No
 Yes
 Not sure
 Prefer not to answer
2. Do you have a working computer, laptop, netbook, tablet, iPad, or video-enabled smartphone?
 No
 Yes
 Not sure
 Prefer not to answer
3. Do you have Internet that allows you to make video calls at home?
 No
 Yes
 Not sure
 Prefer not to answer
4. Would you be able to conduct video calls with a healthcare professional in a quiet environment that ensures confidential exchanges?
 No
 Yes
 Not sure
 Prefer not to answer

Please indicate your level of agreement with the following statement:

5. I am confident that I would be able to connect to my video visit based on my level of computer knowledge.
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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Sociodemographics

1. Age

2. Sex

- Male
- Female
- Other
- Prefer not to answer

2.1. Please specify:

3. What is the **highest** level of education you have completed?

- Primary school
- High school
- CEGEP education/Professional training
- Undergraduate studies
- Graduate studies/higher education
- Prefer not to answer

4. Which best describes your state of health?

- My health makes it impossible for me to engage in most daily activities
- My health makes it impossible for me to engage in some activities
- My health makes it difficult for me to engage in some activities
- I am able go about my daily activities with minimal difficulty
- Fully active without restriction
- Prefer not to answer

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Please indicate your level of agreement with the following statement:

5. Taking an active role in my own health care will significantly improve my health and ability to function
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
6. What is the reason for your urology evaluation (select all that apply)
- Difficulty urinating
 - Urinary incontinence (urine leakage)
 - Urinary tract infections
 - Kidney stone
 - Erectile dysfunction (impotence)
 - Desire for sterility (vasectomy)
 - Infertility
 - Male genitalia anomaly
 - Prostate enlargement
 - Prostate cancer screening
 - Oncology (urological cancer)
 - Other (s)
 - Prefer not to answer
- 6.1. Please specify which type of cancer: _____
- 6.2. Please specify what other reason (s) for assessment: _____
7. Have you ever missed a medical visit at the urology clinic?
- No
 - Yes
 - Not sure
 - Prefer not to answer

7.1. Can you please tell us the reason for this:

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8. How likely are you to accept an invitation to meet with your urologist via video call from your home when, your physician can review outside labs/imaging, and no physical exam/procedure or new tests are needed?
- Very Unlikely
 - Somewhat Unlikely
 - Neutral
 - Somewhat Likely
 - Very Likely
 - Prefer not to answer

9. What are your expectations of a Video Visit (VV):

Urology Specific

Please indicate your level of agreement with the following statements "In a urology video visit, I would be comfortable with..."

1. Undergoing an initial clinic visit with a new urologist
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
2. Discussing new symptoms and concerns
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
3. Discussing sensitive and personal information
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer

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- | | |
|---|--|
| 4. Discussing my diagnosis | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 5. Discussing treatment options | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 6. Reviewing the results of imaging and laboratory tests performed | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 7. Receive the necessary recommendations to prepare for surgery | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 8. Perform postoperative follow-up that does not require a physical examination | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 9. Undergoing nutritional education with a nurse and/or nutritionist | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |

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Relationship and Communication:

Please indicate your level of agreement with the following statements "In a urology video visit, I would say that..."

1. I am confident I can share with my health care professional concerns I have even when he or she does not ask
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
2. In my case I believe the healthcare professional is able to do his or her job even if he/she is not able to conduct a physical examination at every appointment
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
3. I am confident that video visit communications are private and secure.
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
4. I would attend more appointments though video visit
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

Costs

Please indicate your level of agreement with the following statements:

1. I would prefer to see the health care professional in a video visit rather than pay for travel expenses to attend an in-person visit
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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2. I believe I can get the same quality of care from a video visit as from an in-person visit
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
3. Are there any reasons not mentioned above that might affect your willingness to consider a video visit with a healthcare professional?

Financial

Thinking of your typical in-person appointment please answer the following questions:

1. Please provide your typical cost in \$ to visit the urology clinic (transportation, parking, lodging child care, lost work etc.): _____ \$
2. Please provide the estimated time to travel to the urology clinic. Please indicate the time in minutes: _____ minutes
3. Please provide the estimated distance (one-way) traveled to the urology clinic. Please indicate the distance in kilometers: _____ km
4. How many days of work did you have to take off in order to attend your in-person appointment at the urology clinic? _____ day (s)
5. Did you or anyone accompanying you to your in-person appointment have to (Check any that apply)
- Lose part of your salary
 Take days off at work
 Make special arrangement for child or adult care
 Other
 No response
 Prefer not to answer

5.1. Please specify:

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1B. BASELINE QUESTIONNAIRE-TELEPHONE CONSULTATION

Date: _____
yyyy-mm-dd

Patient ID: _____
to be completed by the research team

Comfort with Technology

1. Would you be able to conduct phone calls with a healthcare professional in a quiet environment that ensures confidential exchanges?
- No
 Yes
 Not sure
 Prefer not to answer

Sociodemographics

10. Age

11. Sex
- Male
 Female
 Other
 Prefer not to answer

11.1. Please specify: _____

12. What is the **highest** level of education you have completed?
- Primary school
 High school
 CEGEP education/Professional training
 Undergraduate studies
 Graduate studies/higher education
 Prefer not to answer

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13. Which best describes your state of health?

- My health makes it impossible for me to engage in most daily activities
- My health makes it impossible for me to engage in some activities
- My health makes it difficult for me to engage in some activities
- I am able go about my daily activities with minimal difficulty
- Fully active without restriction
- Prefer not to answer

Please indicate your level of agreement with the following statement:

14. Taking an active role in my own healthcare will significantly improve my health and ability to function

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

15. What is the reason for your urology evaluation (select all that apply)

- Difficulty urinating
- Urinary incontinence (urine leakage)
- Urinary tract infections
- Kidney stone
- Erectile dysfunction (impotence)
- Desire for sterility (vasectomy)
- Infertility
 - Male genitalia anomaly
 - Prostate enlargement
 - Prostate cancer screening
 - Oncology (urological cancer)
 - Other (s)
 - Prefer not to answer

15.1. Please specify which type of cancer:

15.2. Please specify what other reason (s) for assessment:

16. Have you ever missed a medical visit at the urology clinic?

- No
- Yes
- Not sure
- Prefer not to answer

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16.1. Can you please tell us the reason for this:

17. How likely are you to accept an invitation to speak to your urologist over the phone from your home when your physician can review outside labs/imaging, and no physical exam/procedure or new tests are needed?

- Very Unlikely
- Somewhat Unlikely
- Neutral
- Somewhat Likely
- Very Likely
- Prefer not to answer

18. What are your expectations of a Telephone Consultation (TC)?

Urology Specific

Please indicate your level of agreement with the following statements “In a urology telephone consultation, I would be comfortable with...”

10. Undergoing an initial clinic visit with a new urologist

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

11. Discussing new symptoms and concerns

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

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12. Discussing sensitive and personal information
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
13. Discussing your diagnosis
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
14. Discussing treatment options
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
15. Reviewing the results of imaging and laboratory tests performed
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
16. Receive the necessary recommendations to prepare for surgery
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
17. Perform postoperative follow-up that does not require a physical examination
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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18. Undergoing nutritional education with a nurse and/or nutritionist
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer

Relationship and Communication:

Please indicate your level of agreement with the following statements "In a urology telephone consultation, I would say that..."

5. I am confident I can share with my healthcare professional concerns I have even when he or she does not ask
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
6. In my case, I believe the healthcare professional is able to do his or her job even if he/she is not able to conduct a physical examination at every appointment
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
7. I am confident that telephone consultation communications are private and secure.
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
8. I would attend more appointments if they were conducted via telephone consultation
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer

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Costs

Please indicate your level of agreement with the following statements:

4. I would prefer to interact with the healthcare professional in a telephone consultation rather than pay for travel expenses to attend in an in-person visit
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
5. I believe I can get the same quality of care from a telephone consultation as from an in-person visit
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
6. Are there any reasons not mentioned above that might affect your willingness to consider a telephone consultation with a healthcare professional?

Financial

Thinking of your typical in-person appointment, please answer the following questions:

6. Please provide your typical cost in \$ to visit the urology clinic (transportation, parking, lodging child care, lost work etc.): _____ \$
7. Please provide the estimated time to travel to the urology clinic. Please indicate the time in minutes: _____ minutes
8. Please provide the estimated distance (one-way) traveled to the urology clinic. Please indicate the distance in kilometers: _____ km
9. How many days of work did you have to take off in order to attend your in-person appointment at the urology clinic? _____ day (s)

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10. Did you or anyone accompanying you to your in-person appointment have to: (Check any that apply)

- Lose part of your salary
- Take days off at work
- Make special arrangement for child or adult care
- Other
- No response
- Prefer not to answer

10.1. Please specify:

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2A. FOLLOW-UP QUESTIONNAIRE- VIDEO VISIT

Date: _____
yyyy-mm-dd

Patient ID: _____
to be completed by the research team

When you think about your video visit, how much do you agree with the following statements:

1. I was overall satisfied with my appointment today
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
2. I was confident that I could share my concerns with my healthcare professional even if he or she didn't ask
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
3. My visit today was efficient
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
4. I believe the healthcare professional is able to do his or her job even if she/he is not able to conduct a physical examination at every appointment
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
5. I was pleased with the quality of the medical information provided
 Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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6. I believe that the medical encounter was conducted in a confidential manner
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
7. I felt there was enough time to address my concerns
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
8. I felt relaxed while interacting with my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
9. I was able to share sensitive and/or personal information with my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
10. I felt understood by my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
11. I felt that my healthcare professional cared about me
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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12. I have a trusting relationship with my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
13. Considering the cost and time commitment required for my appointment today, I would choose to meet with my healthcare professional in this setting in the future
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
14. The methods of video interaction were simple and easy to use
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
15. During my appointment:
- a) I could see my healthcare professional clearly
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
- b) I could hear my healthcare professional clearly
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
16. There was no significant lag between sound and video
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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17. The medical encounter lived up to my expectations.

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

Please answer the following questions regarding your appointment:

18. Was your visit on time?

- No
- Yes
- I don't know
- Prefer not to answer

18.1. Please estimate how long you waited before seeing your health care professional:

_____ Minutes

18.2. What was your level of comfort while you were waiting to see your healthcare professional in the virtual waiting room?

- Totally uncomfortable
- Uncomfortable
- Neither uncomfortable nor comfortable
- Comfortable
- Totally comfortable
- Prefer not to answer

19. How many days off work did you have to take to be able to attend your video visit?

_____ day (s)

(Currently many people are not working because of the Covid 19 pandemic, please answer this question as it pertains to your situation BEFORE the pandemic)

20. Did you need someone to help you connect to your video visit?

- No
- Yes
- Prefer not to answer

20.1. Who helped you: (Check any that apply)

- REACTS technical support member
- A member of research staff
- A member of medical staff
- A relative
- A friend
- Other
- Prefer not to answer

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20.2. Did the person who helped you (Check any that apply):

(Currently many people are not working because of the Covid 19 pandemic, please answer this question as it pertains to your situation BEFORE the pandemic)

- Lose part of salary
- Take days off at work
- Make special arrangement for child or adult care
- Other
- Prefer not to answer

20.2.1. Please specify:

21. Do you have any suggestions or comments to improve the video visit's process?

APPENDIX

2B. FOLLOW-UP QUESTIONNAIRE- TELEPHONE CONSULTATION

Date: _____
yyyy-mm-dd

Patient ID: _____
to be completed by the research team

When you think about your telephone consultation, how do you think about the following statements:

22. I was overall satisfied with my appointment today
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
23. I was confident that I could share my concerns with my healthcare professional even if he or she didn't ask
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
24. My visit today was efficient
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
25. I believe the healthcare professional is able to do his or her job even if she/he is not able to conduct a physical examination at every appointment
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
26. I was pleased with the quality of the medical information provided
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree

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- Prefer not to answer
27. I believe that the medical encounter was conducted in a confidential manner
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
28. I felt there was enough time to address my concerns
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
29. I felt relaxed while interacting with my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
30. I was able to share sensitive and/or personal information with my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
31. I felt understood by my healthcare professional
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
32. I felt that my healthcare professional cares about me
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

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33. I have a trusting relationship with my healthcare professional
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
34. Considering the cost and time commitment required for my appointment today, I would choose to meet with my healthcare professional in this setting in the future
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
35. The phone interaction was simple and easy
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
36. During my appointment, I could hear my healthcare professional clearly
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer
37. During my appointment there was no audio interruptions
- Strongly Disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Prefer not to answer

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38. The medical encounter lived up to my expectations.

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

Please answer the following questions regarding your appointment:

39. Was your consultation on time?

- No
- Yes
- I don't know
- Prefer not to answer

39.1. Please estimate how long you waited before talking to your healthcare professional:

_____ Minutes

39.2. What was your level of comfort while you were waiting to talk to your healthcare professional?

- Totally uncomfortable
- Uncomfortable
- Neither uncomfortable nor comfortable
- Comfortable
- Totally comfortable
- Prefer not to answer

40. How many days off work did you have to take to be able to attend your telephone consultation?

_____ day (s)

(Currently many people are not working because of the Covid 19 pandemic, please answer this question as it pertains to your situation BEFORE the pandemic)

41. Did you need someone to help you with your telephone consultation?

- No
- Yes
- Prefer not to answer

41.1. Who helped you: (Check any that apply)

- A member of research staff
- A member of medical staff
- A relative
- A friend
- Other
- Prefer not to answer

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41.2. Did the person who helped you (Check any that apply):

(Currently many people are not working because of the Covid 19 pandemic, please answer this question as it pertains to your situation BEFORE the pandemic)

- Lose part of salary
- Take days off at work
- Make special arrangement for child or adult care
- Other
- Prefer not to answer

41.2.1. Please specify:

42. Do you have any suggestions or comments to improve the telephone consultation's process?

APPENDIX

3A. UROLOGIST FOLLOW-UP SURVEY-VIDEO VISIT

Telemedicine has been adopted in several areas of surgical care. In recent years, the role of telemedicine in post-operative care has attracted attention as it has demonstrated excellent clinical results, increased patient satisfaction, improved accessibility, and reduced waiting times and cost savings for patients and health care systems. In the current context of the Covid 19 pandemic, telemedicine brings additional benefits by reducing the exposure of patients and healthcare professionals to the risk of contagion and by reducing the congestion of care units with non-urgent care that can be delivered remotely. Telemedicine can be deployed by means of telephone consultations or video visits. We want to conduct a pilot study to compare the acceptability to Quebec patients of these different modalities, more specifically the patients followed in urology at the CHUM. We want also to assess urologists' acceptability and level of satisfaction with each modality. Four (4) urologists will be recruited in this study. If you agree to participate, and after signing this form, you will be asked to complete the following questionnaire after each telemedicine visit.

This study is being conducted under the direction of Dr. Naeem Bhojani, urologist and fellow at the Centre hospitalier de l'Université de Montréal. During this study, we will collect data about your experience with telemedicine. If you accept to participate you will be automatically assigned a unique identification number so that data collection will be done anonymously. Data will be stored on REDCap, a data capture software that is hosted by CHUM's REDCap servers. No one except the research team and the REDCap data manager will have access to those data. Several measures are implemented in order to ensure the security of the Database and infrastructures are constantly being monitored for intrusions and abnormal use. At the end of the study all data except your email address, used to send you the questionnaire, will be extracted for analysis and stored on the network drive of Dr. Naeem Bhojani at the CHUM.

I've read the above and agree to complete the survey: Yes
 No

Date: _____
yyyy-mm-dd

Urologist ID: _____
to be completed by the research team

Patient ID: _____
to be completed by the research team

How much do you agree with the following statements:

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- | | |
|---|--|
| 1. Video Visit (VV) was relevant for the medical visit I had with the patient | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 2. I found it easy to conduct the medical visit through videoconference | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 3. I was comfortable asking all the questions that needed to be asked during the VV | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 4. VV applies well to urology follow-up visits | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 5. I am satisfied with the quality of VV encounter | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |
| 6. I am motivated to use VV for urology follow-up visits in the future | <input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Disagree
<input type="checkbox"/> Neither disagree nor agree
<input type="checkbox"/> Agree
<input type="checkbox"/> Strongly Agree
<input type="checkbox"/> Prefer not to answer |

APPENDIX

7. During the medical encounter:

a) I could hear my patient clearly

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

b) I could see my patient clearly

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

8. During the medical encounter, there was no significant lag between sound and video

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree
- Prefer not to answer

Please answer the following questions regarding the appointment you had with the patient:

9. Where did you connect to your VV from?

- From your home
- From the hospital
- Other
- Prefer not to answer

9.1. If other, please specify :

10. Did you need to make any of the following prescriptions during your VV?

- Medication prescription
- Request for laboratory tests
- Request for imaging tests
- Other
- None of the above
- Prefer not to answer

10.1. If other, please specify :

APPENDIX

10.2. How did you get the prescription to the patient's pharmacy?

- I sent it to the pharmacy via REACTS
- The secretary faxed it to the pharmacy
- I faxed it directly to the pharmacy
- I called the pharmacy myself
- Other

10.2.1. If other, please specify :

10.2.2. How do you evaluate the prescription process?

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- Prefer not to answer

10.2.3. If difficult or very difficult, please explain why:

10.3. How did you get the request for laboratory tests to the patient?

- I sent it to the patient via REACTS
- The secretary mailed it to the patient
- Other
- Prefer not to answer

10.3.1. If other, please specify :

APPENDIX

- 10.3.2. How do you evaluate the process of getting laboratory tests request to the patient?
- Very difficult
 - Difficult
 - Neither difficult nor easy
 - Easy
 - Very easy
 - Prefer not to answer

10.3.3. If difficult, or very difficult, please explain why:

- 10.4. How did you get the request for an imaging test to the radiology department/to the patient?
- I sent it to radiology via REACTS
 - I sent it to patient via REACTS
 - The secretary mailed it to the patient
 - The secretary sent it to radiology
 - Other
 - Prefer not to answer

10.4.1. If other, please specify :

- 10.4.2. How do you evaluate the process of getting the request of an imaging test to the radiology department/to the patient?
- Very difficult
 - Difficult
 - Neither difficult nor easy
 - Easy
 - Very easy
 - Prefer not to answer

10.4.3. If difficult, or very difficult, please explain why:

11. Do you think an in-person visit would have been more beneficial than VV for this particular patient?
- No
 - Yes

APPENDIX

Prefer not to answer

11.1. If yes, please explain why:

12. Do you have any suggestions or comments to improve the process?

13. What did you like about VV encounter?

14. What did you not like about VV encounter?

15. What was the most helpful when using VV compared to in-person visits

APPENDIX

3B. UROLOGIST FOLLOW-UP SURVEY-TELEPHONE CONSULTATION

Telemedicine has been adopted in several areas of surgical care. In recent years, the role of telemedicine in post-operative care has attracted attention as it has demonstrated excellent clinical results, increased patient satisfaction, improved accessibility, and reduced waiting times and cost savings for patients and health care systems. In the current context of the Covid 19 pandemic, telemedicine brings additional benefits by reducing the exposure of patients and healthcare professionals to the risk of contagion and by reducing the congestion of care units with non-urgent care that can be delivered remotely. Telemedicine can be deployed by means of telephone consultations or video visits. We want to conduct a pilot study to compare the acceptability to Quebec patients of these different modalities, more specifically the patients followed in urology at the CHUM. We want also to assess urologists' acceptability and level of satisfaction with each modality. Four (4) urologists will be recruited in this study. If you agree to participate, and after signing this form, you will be asked to complete the following questionnaire after each telemedicine visit.

This study is being conducted under the direction of Dr. Naeem Bhojani, urologist and fellow at the Centre hospitalier de l'Université de Montréal. During this study, we will collect data about your experience with telemedicine. If you accept to participate you will be automatically assigned a unique identification number so that data collection will be done anonymously. Data will be stored on REDCap, a data capture software that is hosted by CHUM's REDCap servers. No one except the research team and the REDCap data manager will have access to those data. Several measures are implemented in order to ensure the security of the Database and infrastructures are constantly being monitored for intrusions and abnormal use. At the end of the study all data except your email address, used to send you the questionnaire, will be extracted for analysis and stored on the network drive of Dr. Naeem Bhojani at the CHUM

I've read the above and agree to complete the survey: No
 Yes

Date: _____
yyyy-mm-dd

Urologist ID: _____
to be completed by the research team

Patient ID: _____
to be completed by the research team

APPENDIX

How do you feel about the following statements:

16. Telephone consultation (TC) was relevant for the medical visit I had with the patient
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
17. I found it easy to conduct the medical visit over the phone
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
18. I was comfortable asking all the questions that needed to be asked during the TC
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
19. TC applies well to urology follow-up visits
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
20. I am satisfied with the quality of the TC encounter
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
21. I am motivated to use TC for urology follow-up visits in the future
- Strongly Disagree
 Disagree
 Neither disagree nor agree

APPENDIX

22. During the medical encounter I could hear my patient clearly
- Agree
 Strongly Agree
 Prefer not to answer
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer
23. During the medical encounter there was no audio interruptions
- Strongly Disagree
 Disagree
 Neither disagree nor agree
 Agree
 Strongly Agree
 Prefer not to answer

Please answer the following questions regarding the appointment you had with the patient:

24. Where did you place your phone call from?
- From your home
 From the hospital
 Other
 Prefer not to answer

24.1. If other, please specify:

25. Did you need to make any of the following prescriptions during your TC?
- Medication prescription
 Request for laboratory tests
 Request for imaging tests
 Other
 None of the above
 Prefer not to answer

25.1. If other, please specify:

APPENDIX

25.2. How did you get the prescription to the patient's pharmacy?

- The secretary faxed it to the pharmacy
- I faxed it directly to the pharmacy
- I called the pharmacy myself
- Other
- Prefer not to answer

25.2.1. If other, please specify :

25.2.2. How do you evaluate the prescription process?

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- Prefer not to answer

25.2.3. If difficult, or very difficult, please explain why:

25.3. How did you get the request for laboratory tests to the patient?

- The secretary mailed it to the patient
- Other
- Prefer not to answer

25.3.1. If other, please specify :

25.3.2. How do you evaluate the process of getting laboratory tests request to the patient?

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- Prefer not to answer

APPENDIX

25.3.3. If difficult, or very difficult, please explain why:

25.4. How did you get the request for an imaging test to the radiology department/to the patient?

- The secretary mailed it to the patient
- The secretary sent it to radiology
- Other
- Prefer not to answer

25.4.1. If other, please specify :

25.4.2. How do you evaluate the process of getting the request of an imaging test to the radiology department/to the patient?

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- Prefer not to answer

25.4.3. If difficult, or very difficult, please explain why:

26. Do you think a Video Visit (VV) would have been more beneficial than TC for this particular patient?

- No
- Yes
- Prefer not to answer

26.1. If yes, please explain why:

27. Do you have any suggestions or comments to improve the process?

APPENDIX

28. What did you like about TC encounter?

29. What did you not like about TC encounter?

30. What was the most helpful when using TC compared to in-person visits?
