**Appendix 1: Questionnaire and Definition of “Top box” Responses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Top box** | **Middle box** | **Bottom box** |
| In the last 3 months, how often did your physician or nurse practitioner… |  |  |  |
| Listen to you carefully? | "Always" | "Usually" or "Sometimes" | "Never |
| Show respect for what you had to say? | "Always" | "Usually" or "Sometimes" | "Never |
| Spend enough time with you? | "Always" | "Usually" or "Sometimes" | "Never |
| Seem to know the important information about your medical history? | "Always" | "Usually" or "Sometimes" | "Never |
| Encourage you to ask questions? | "Always" | "Usually" or "Sometimes" | "Never |
| Answer all your questions to your satisfaction? | "Always" | "Usually" or "Sometimes" | "Never |
| How often did your physician and/or nurse practitioner explain the following things in a way that was easy to understand? |  |  |  |
| Your test results and prognosis | "Always" | "Usually" or "Sometimes" | "Never |
| The reason for tests, medications, and treatments | "Always" | "Usually" or "Sometimes" | "Never |
| The possible side effects of your medications | "Always" | "Usually" or "Sometimes" | "Never |
| Do you feel that your physician and/or nurse practitioner really care about you as a person? | "Yes, definitely" | "Yes, somewhat" | "No" |
| In the last 3 months, were you ever worried or concerned about the financial impact of the medical care that you need? | "No" |  | "No" |
| In the last 3 months, did you and your physician and/or nurse practitioner talk about the financial impact of the medical care that you need? | "Yes" |  | "No" |
| How often was your virtual appointment well organized? | "Always" | "Usually" or "Sometimes" | "Never |
| Compared to your in-person appointment (pre-COVID-19), how would you rate the quality of the virtual appointments you attended? | "Much better" | "Somewhat better" or "About the same" | "Somewhat worse" or "Much worse" |
| How confident do you feel that your physician and/or nurse practitioner can provide an appropriate management plan through virtual appointments? | "Completely" | "Quite a bit" or "Partly" | "Not at all" |
| Did the North Shore Heart Centre give you enough information about how to participate in the virtual appointments? | "Completely" | "Quite a bit" or "Partly" | "Not at all" |
| Overall, how easy or difficult was it for you to participate in your virtual appointments? | "Very Easy" or "Easy" | "Neither Easy nor difficult" | "Difficult" or "Very difficult" |
| Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, overall, how would you rate the experience with VIRTUAL APPOINTMENTS for your Heart failure? | 9 or 10 | 7 or 8 | 0 to 6 |
| Did you have any problems during your virtual appointments...? (Please select all the apply) |  |  |  |
| Options: No issues, sound quality, video quality, connection, not familiar with technology, privacy, and other |  |  |  |
| Would you prefer your future appointments to be Virtual or In-Person? |  |  |  |
| Options: Virtual, Either, In-person |  |  |  |
| Is there anything else that you would like to share about how we may improve our Virtual Appointments or care for Heart Failure? | [Subjective response] |  |  |
| Did you require any assistance from friends/family/3rd party to complete this questionnaire? | "Yes" |  | "No" |
| ***Patients That Prefer Either*** |  |  |  |
| Please describe why you prefer VIRTUAL appointments. Please select all that may apply |  |  |  |
| Options: Quality of care, Travel time, Cost, Comfort, Scheduling flexibility, Physical Access, Privacy, Other (please specify) |  |  |  |
| Please describe why you prefer IN-PERSON appointments. Please select all that may apply |  |  |  |
| Options: Quality of care, Travel time, Cost, Comfort, Scheduling flexibility, Physical Access, Privacy, Other (please specify) |  |  |  |
| ***Patients That Prefer In-Person*** |  |  |  |
| Please describe why you prefer IN-PERSON appointments. Please select all that may apply |  |  |  |
| Options: Quality of care, Travel time, Cost, Comfort, Scheduling flexibility, Physical Access, Privacy, Other (please specify) |  |  |  |
| ***Patients That Prefer Virtual*** |  |  |  |
| Please describe why you prefer VIRTUAL appointments. Please select all that may apply |  |  |  |
| Options: Quality of care, Travel time, Cost, Comfort, Scheduling flexibility, Physical Access, Privacy, Other (please specify) |  |  |  |