## **Supplementary Index**

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1. Survey: Experience with Telehealth in Caring for Seriously III Individuals

## Investigators

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## Experience with Telehealth in Caring for Seriously III Individuals

Q1 *Within the past 5 years or so*, have you cared for a family member or friend who was seriously ill?

• Yes (1)

O No (2)

Skip To: End of Block If Within the past 5 years or so, have you cared for a family member or friend who was seriously ill? = No

Q2 \*\*For this survey, the phrase "family member" refers to the person for whom you cared.

Telehealth uses remote technologies like a mobile phone, computer, or iPad to communicate with a health care provider or transmit health information. Does/did your family member use telehealth?

O Yes	(1)
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O No (2)

Skip To: End of Block If \*\*For this survey, the phrase "family member" refers to the person for whom you cared. Telehealth... = No

Q3 What is/was your family member's race? Please choose one or more.

White (1)
Black or African American (2)
Asian (3)
Native Hawaiian or other Pacific Islander (4)
American Indian or Alaska Native (5)

Q4 Is/was yo	our family m	ember of Hispar	nic, Latinx, or S	panish origin or d	escent?

	No, not Spanish/Hispanic/Latinx (1)
	Yes, Puerto Rican (2)
	Yes, Mexican, Mexican American, Chicano/a (3)
	Yes, Cuban (4)
	Yes, Other Spanish/Hispanic/Latinx (5)

Q5 Does/did your family member receive palliative care or hospice care?

○ Yes (1)

O No (2)

	(-)
O Unsure / Don't know	v (3)

Skip To: Q7 - Q13 If Does/did your family member receive palliative care or hospice care? = No Skip To: Q7 - Q13 If Does/did your family member receive palliative care or hospice care? = Unsure / Don't know Q6 In what locations has your family member received palliative care or hospice care?

Home (1)
Assisted living facility (2)
Nursing home (3)
Hospital (4)
Hospice facility/hospice house (5)
Other (please specify) (6)

Q7 - Q13 For the following set of questions, please check one box in each row as it relates to your family member's experience using telehealth. (Sliding scale with 1=Disagree through 7=Agree) \* Note that health team refers to the nurses, doctors, social workers, spiritual advisors, and trained volunteers that deliver care.

	N/A (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
Telehealth improves/improved my family member's access to services. (1)	0	0	0	0	0	0	0	0
It is/was simple to use telehealth. (5)	0	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
It is/was easy to learn to use telehealth. (6)	0	$\bigcirc$	0	0	$\bigcirc$	0	$\bigcirc$	0
Using telehealth is/was pleasant. (12)	0	0	0	0	0	$\bigcirc$	0	0
My family member has/had access to the necessary equipment (e.g., phone, computer) to use telehealth. (2)	0	0	0	0	0	0	0	0

My family member has/had access to an Internet connection to use telehealth. (3)	0	0	0	0	0	0	0	0
My family member's access to the Internet is/was of good quality. (4)	0	0	0	0	0	0	0	0

Q14 - Q20 For the following set of questions, please check one box in each row as it relates to *your family member's* experience using telehealth. (Sliding scale with 1=Disagree through 7=Agree) \* Note that health team refers to the nurses, doctors, social workers, spiritual advisors, and trained volunteers that deliver care.

	N/A (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
My family member can/could use telehealth without my or another caregiver's assistance. (2)	0	0	0	0	0	0	0	0
My family member likes/liked using telehealth. (3)	0	0	0	0	0	0	0	0
Using the telehealth system, my family member can/could see the health team member as well as if they met in person. (Or I can/could if family	0	0	0	0	0	0	0	0

member was too sick.) (4) My family member can/could  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\cap$  $\bigcirc$  $\bigcirc$ 

easily talk to the health team using the telehealth system. (Or I can/could if family member was too sick.) (5) My family member can/could hear the clinician clearly using the telehealth system. (Or I can/could if family member was too sick.) (6)

My family member is/was able to express themself effectively using telehealth. (Or I can/could if family member was too sick.) (7) My family

member can/could communicate using their preferred language

when using telehealth. (Or I can/could if family member was too sick.) (8)

Q21 - Q28 For the following set of questions, please check one box in each row as it relates to *your* experience using telehealth.

(Sliding scale with 1=Disagree through 7=Agree) \* Note that health team refers to the nurses, doctors, social workers, spiritual advisors, and trained volunteers that deliver care.

	N/A (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
I join(ed) in my family member's telehealth visits from a separate location than my family member. (15)	0	0	0	0	0	0	0	0
l like(d) using telehealth. (16)	0	0	0	0	0	0	0	0
l receive(d) support for my religious and spiritual beliefs using telehealth. (17)	0	0	0	0	0	0	0	0
I am satisfied with the support I receive(d) for my religious and/or	0	0	0	0	0	0	0	0

spiritual beliefs using telehealth. (18)								
I think the visits provided using telehealth are the same quality as in-person visits. (19)	0	0	0	0	0	0	0	0
Telehealth is an acceptable way to receive care. (20)	0	0	0	0	0	0	0	0
I would recommend that patients use telehealth services. (21)	0	0	0	0	0	0	0	0
Overall, I am satisfied with telehealth. (22)	0	0	0	0	0	0	0	0

Q29 About what percent of your family member's telehealth experiences include video?

0% (1)

- O 25% (2)
- O 50% (3)
- O 75% (4)
- 100% (5)

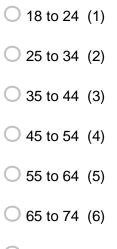
Q30 Describe any challenges your family member and/or you have encountered using telehealth for your family member's care.

Q31 Describe anything that helped your family member and/or you use telehealth.

(Examples of such things may be in-person instruction in using telehealth or borrowing a donated electronic device.)

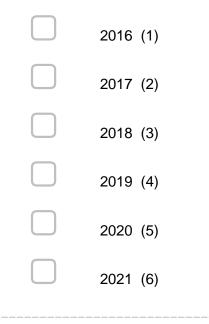
Q32 Please provide comments about telehealth for your family member's care.

Q33 What is/was your family member's age when using telehealth?



- 75 to 84 (7)
- $\bigcirc$  85 or older (8)

Q34 Please indicate the year(s) that your family member used telehealth. (Check all that apply)



Q35 ls/was your family member male or female?

O Male (1)

O Female (2)

Other (3)

Q36 What is the zip code where your family member lives/lived?

O Please specify (1) \_\_\_\_\_

 $\bigcirc$  Do not know (2)

Q37 How are you related to the family member?

 $\bigcirc$  My spouse or partner (1)

 $\bigcirc$  My mother-in-law or father-in-law (3)

O My grandparent (4)

 $\bigcirc$  My aunt or uncle (5)

 $\bigcirc$  My sister or brother (6)

 $\bigcirc$  My friend (7)

O Other (please specify) (8)

Q38 Are you male or female?

O Male (1)

 $\bigcirc$  Female (2)

Other (3)

Q39 What is your race? Please choose one or more.

White (1)
Black or African American (2)
Asian (3)
Native Hawaiian or other Pacific Islander (4)
American Indian or Alaska Native (5)

Q40 Are you a member of Hispanic, Latinx, or Spanish origin or descent?

No, not Spanish/Hispanic/Latinx (1)
Yes, Puerto Rican (2)
Yes, Mexican, Mexican American, Chicano/a (3)
Yes, Cuban (4)
Yes, Other Spanish/Hispanic/Latinx (5)

Q41 What is your age?

- 18 to 24 (1)
- O 25 to 34 (2)
- O 35 to 44 (3)
- O 45 to 54 (4)
- 55 to 64 (5)
- O 65 to 74 (6)
- 75 to 84 (7)
- 85 or older (8)