

# The IQoro<sup>®</sup> Experience from a Practitioner's Perspective

Welcome to the "IQoro SLT Experience" feedback questionnaire.

This Survey Monkey questionnaire has been developed with leading SLTs who are early adopters of IQoro<sup>®</sup>. Its aim is to give you an opportunity to record your experiences and opinions of using the IQoro<sup>®</sup> treatment therapy. You, your colleagues and your management will later all be seeking to make decisions on using this treatment tool on a wider basis, and the practitioner experience will be one of the key considerations.

## Trial Question – development version only

The next question is for test purposes only whilst the questionnaire is in its development phase – it will be removed once the questionnaire has been tested and the live version is launched. Other answers to this questionnaire will not be recorded and analysed so by all means try it out, but don't bother recording real data. You will be notified when the live version is posted.

\*1 I managed to login to the IQoro SLT Experience questionnaire

Yes

No

\*2 Your initials. These two letters will identify you to your team, but probably not allow you to be identified by someone not in your team. By all means make up fictitious initials if you wish.

\*3 At which institution are you based? Select one alternative.

Stroke – Inpatients, Rehab and Community - Northern Trust (Antrim)

Homerton University Hospital NHS Foundation Trust

Brain Injury - Northern Trust (Antrim)

Salisbury NHS Foundation Trust

\*4 How experienced are you? This is the:

1st

2nd

3rd

Or more IQoro treatment programmes that I have completed

\*5

Was the treatment administered:

- on NHS premises?
- in a residential care facility?
- in the patient's home?
- Other (please specify)
- Initially on NHS premises, but later migrated to a residential care facility?
- Initially on NHS premises, but later migrated to the patient's home after discharge?
- Education facility

\*6

How did your patient train?

- Independently, able to manage alone after initial instruction
- With help from professional carers throughout the programme
- With help from informal carers throughout the programme
- With initial help from professional carers, but later independently
- With initial help from informal carers for a period, but later independently
- Other (please specify)



## Your confidence

With this patient:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
I felt it was easy to demonstrate and introduce the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confident I knew what I was trying to achieve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was adequately trained and able to answer questions about the treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The documentation that I was provided with met my, and my patient's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A 1 to 2 week follow-up was necessary to check that we were on the right track	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments you would like to add

\*8

### Appropriateness for this patient

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
This treatment remained appropriate throughout the treatment period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I allowed the treatment to continue without hands-on SLT intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough successful patient experience to want to use this again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use this treatment method with other patients in my caseload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this treatment method to other SLTs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments you would like to add

\*9

## Outcomes

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
The overall therapy outcome was positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The outcomes were positive compared with previous interventions and other therapies this patient has had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that this treatment was responsible for a positive outcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This new treatment improves my alternatives to help other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments you would like to add

\*10

### Your comments to:

What other therapies did you use alongside IQoro®, for how long, and are they continuing?

\*11

Has using IQoro changed your clinical practice or thinking in any way?

\*12

Please provide any other comments or feedback regarding your experience with IQoro, perhaps some learning that you have done or thoughts on how its use could be improved within the service or may be improve the service we provide?