

Appendix A – Patient questionnaire for assessing satisfaction and occurrence of adverse events

Patient recruitment number	
Date	

	Patient satisfaction	Strongly agree	Agree	Disagree	Strongly disagree
1	The schedule for my visits was convenient.				
2	I could get to the kiosk (or nurse consult room) easily.				
3	I am satisfied with the management/treatment of my chronic condition.				
4	The time spent at the kiosk (or nurse) was just right.				
5	I can use the kiosk (or see a nurse) instead of seeing a doctor for follow-up.				
6	<u>Optional:</u> What did you like about the kiosk (or nurse consult)? What did you not like about the kiosk (or nurse consult)?				
	Adverse events				
1	Did you suffer any adverse event (e.g. hospitalisation) that was related to the management of your chronic condition in the past 12 months?	Yes/No			