

## SUPPLEMENTARY MATERIALS

### Supplementary Material 1.

# A Survey on the Patient's Perspective on the Telemedicine for Patients With Parkinson's Disease

This survey was designed to determine the preference for telemedicine among patients with Parkinson's disease. The questionnaire will take approximately 5–10 minutes to complete. This survey does not collect personal information, and responding to this questionnaire will be considered to provide consent to participate in the survey. If you do not agree to participate in the survey, you will not have to fill out the form, and you may withdraw your consent at any time, even after filling out the form.

We would appreciate it if you could check the appropriate box for each question below.

1. What is your gender?

- Male  Female

2. How old are you?

- 20's  30's  40's  
 50's  60's  70's  
 80's

3. Where do you live?

- Gangwon-do  Gyeonggi-do  Gyeongsangnam-do  
 Gyeongsangbuk-do  Gwangju  Daegu  
 Daejeon  Busan  Seoul  
 Sejong  Ulsan  Incheon  
 Jeollanam-do  Jeollabuk-do  Jeju  
 Chungcheongnam-do  Chungcheongbuk-do  Etc. ( )

4. How long have you had Parkinson's disease?

- Less than 1 year  1–3 years  3–5 years  
 5–10 years  More than 10 years

5. How severe are the symptoms of Parkinson's disease?

- Symptoms on only one side (right or left)  
 Symptoms on both sides, but no falls  
 Symptoms on both sides, it is difficult to maintain balance, and it may fall, but daily life is possible without the help of a caregiver  
 Difficulty balancing and falling. Able to walk alone, but daily life is difficult with the help of a caregiver  
 Inability to move alone without Caregiver's assistance

6. How long does it take from home to hospital?

- Less than 1 hour  1–2 hours  2–3 hours  
 3–4 hours  More than 4 hours

7. Do you need a caregiver to accompany you to the hospital?

- I can visit hospital alone without a caregiver.

- Sometimes I need caregiver's help and sometimes I don't.
- I always need caregiver's help to visit hospital.

8 Do you have Wi-Fi at home (or where you currently live)?

- Yes
- No
- I don't know.

9. Video chats can be conducted by several tools. Which of the following methods can you use independently? Please indicate **all** that you could use **without assistance**.

- Smartphone video call
- FaceTalk (KakaoTalk video call service)
- FaceTime (iPhone or iPad)
- Zoom
- Microsoft team
- Google Duo
- Skype
- No
- Etc. ( )

10. Which of the following tools can you use **with assistance from a caregiver** who can help you at any time? Please indicate **all**.

- Smartphone video call
- FaceTalk (KakaoTalk video call service)
- FaceTime (iPhone or iPad)
- Zoom
- Microsoft team
- Google Duo
- Skype
- No
- Etc. ( )

11. If telemedicine is provided using video conferencing, are you willing to receive telemedicine for Parkinson's disease by video chat instead visit the outpatient clinic?

- Mainly prefer telemedicine, but open to visiting doctor
- Mainly prefer visiting doctor, but open to telemedicine
- Do not want telemedicine
- Etc. ( )

11-1. Please answer only those who answered **"willing to receive telemedicine" above**. Which doctor would you be willing to receive telemedicine?

- Willingness to receive telemedicine from the same doctor only
- Willingness to receive telemedicine even if there is another doctor in the same hospital as the current doctor
- Willingness to receive telemedicine even if the current doctor and a doctor in a different hospital do telemedicine.
- Etc. ( )

11-2. Please answer only those who answered **"Do not want telemedicine"** above. Why are you not willing to accept it? (select all)

- No internet connection at home
- Internet connection or device use required for video conversation is unfamiliar and difficult
- Personal Information exposure Concerns
- Compared to face-to-face care, telemedicine via video chat will be of lower quality
- Etc.: ( )

12. In addition to video outpatient treatment, telemedicine includes the following: If each of the telemedicine services below is provided through a video chat function, please answer whether you would like to use it.

12-1. Exercise and occupational teletherapy

- Want
- Do not want
- I don't know

12-2. Speech and voice teletherapy

- Want
- Do not want
- I don't know

12-3. Swallowing teletherapy

- Want
- Do not want
- I don't know

12-4. Cognition teletherapy

Want

Do not want

I don't know

12-5. Telepsychotherapy for depression and anxiety

Want

Do not want

I don't know

13. Telemedicine have the advantage of being able to receive medical treatment in a comfortable environment at home and saving patients and caregivers' time and transportation costs required to visit the hospital, but also have the disadvantage of not being able to meet the treatment doctor in person. How much do you think **you will have to pay** for telemedicine or treatment?

The same level of cost as current face-to-face care is appropriate

Should be somewhat cheaper than current face-to-face care

Willing to pay, even if slightly more expensive than current face-to-face care

== **Thank you** ==