

1 Additional file 7 Questions related to the information the certified prosthetist and
2 orthotist gave to the patients and questions related to integrity and time to finalise the
3 visit

4 Part II: Describe your reception

5 Answer the questions by marking the answer that is most suitable on a scale of 1 (very
6 poor or not at all) to 4 (very good or Yes, completely). If you are unsure, you should still
7 mark the alternative that feels most correct. Put a cross in the square like this ☒

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Did the patient receive information about how to perform self-care of the

11) **feet?**

1. Not at all

2.

3.

4. Yes,
completely

5. Not
relevant

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12) **Was the patient's illness/health condition discussed with the patient?**

1. Inte alls

2.

3.

4. Ja, helt
och hållet

5. Ej aktuellt

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**Did you provide information about where to go if the patient needed help or
had additional questions after the visit?**

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1. Inte alls

2.

3.

4. Ja, helt
och hållet

5. Ej aktuellt

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**Did the patient receive information about possible risks when using the
assistive device?**

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1. Inte alls

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3.

4. Ja, helt
och hållet

5. Ej aktuellt

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**Did the patient receive information about warning signs to be aware of
regarding his/her illness/health condition or the assistive device?**

15)

1. Inte alls

2.

3.

4. Ja, helt
och hållet

5. Ej aktuellt

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16) **Was there enough privacy when you and the patient discussed his/her condition or treatment?**

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inte alls | 2. | 3. | 4. Ja, helt och hållet | 5. Ej aktuellt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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17) **Did you explain the results of the D-Foot survey to the patient?**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inte alls | 2. | 3. | 4. Ja, helt och hållet | 5. Ej aktuellt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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18) **Did the patient receive oral user information?**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inte alls | 2. | 3. | 4. Ja, helt och hållet | 5. Ej aktuellt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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19) **Did the patient receive written user information?**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Inte alls | 2. | 3. | 4. Ja, helt och hållet | 5. Ej aktuellt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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- How long did the patient visit last? Do not include the time taken to enter information on the visit in Pilot.**
- Less than 30 minutes
 - 31-45 minutes
 - 46-60 minutes
 - More than 60 minutes
- How long did it take to enter information in Pilot when you examined feet according to the D-Foot method?**
- Less than 5 minutes
 - 6-10 minutes
 - 11-15 minutes
 - 16-20 minutes
- 22) How long did it take to make any shoe and material orders?**
- Less than 5 minutes
 - 6-10 minutes
 - 11-15 minutes
 - 16-20 minutes

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