



## **Patient Survey**

Age\_\_\_\_\_ Sex\_\_\_\_\_

1. *Did you find ADA easy to use?*

- ☐ **Yes**
- ☐ **No**

2. *Did you find ADA helpful?*

- ☐ **Yes**
- ☐ **No**

3. *Would you still go and visit a clinic after using ADA*

- ☐ **Yes**
- ☐ **Maybe**
- ☐ **No**
- ☐ **Unsure**

4. *If you used ADA before your appointment, would you have still gone to the clinic?*

- ☐ **Yes – changed my mind from wanting to visit the clinic to self-care at home**
- ☐ **Yes – changed my mind from wanting to visit the clinic to visiting a pharmacy**
- ☐ **Yes – changed my mind from wanting to visit a clinic to delaying my appointment by a few days**
- ☐ **No – I still wanted to visit the clinic**
- ☐ **Other**\_\_\_\_\_

5. *How are you able to access mobile phones?*

- ☐ **I own a mobile phone**
- ☐ **I have friends/family with a mobile phone**
- ☐ **It would be very difficult to access a mobile phone**
- ☐ **I have no access to a mobile phone**