

## TSQ-WT (Tele-healthcare Satisfaction Questionnaire – Wearable Technology)

Area		Statement	0	1	2	3	4
<b>Benefit</b>	1	I can benefit from this technology				3	
	2	The effort of using this technology/method is worthwhile for me					
	3	I am confident I'm getting the most out of this technology/method					
	4	This technology/method is helping me to achieve my goals					
	5	I would recommend this technology/method to other people in my situation					
<b>Usability</b>	1	The use of this technology/method requires effort					
	2	The technology/method is reliable according to my estimation and experience so far.					
	3	This technology/method is easy to use					
	4	I feel safe when using this technology/method					
	5	I feel good while using this technology/method					
<b>Self-concept</b>	1	The use of this technology/method is an interesting challenge for me					
	2	This technology/method reminds me of losing my independence					
	3	The use of this technology/method is making me feel older than I am					
	4	I (would) feel embarrassed using this technology/method visible around others					
	5	I like to use technological products or systems like this technology/method					
<b>Privacy and loss of control</b>	1	I feel there is too much supervision by this technology/method					
	2	I use this technology/method by request of others (e.g. physician, therapist, relatives)					
	3	I am sure that my personal data are stored or processed in an appropriate way					
	4	The use of this technology/method may have unpredictable negative consequences for me					
	5	This technology/method forces me to disclose personal facts that I prefer to keep to myself					
<b>Quality of life</b>	1	Using this technology/method improves my physical well-being					
	2	This technology/method evokes unpleasant feelings					
	3	This technology/method enhances my social contacts					
	4	This technology/method helps me to maintain or increase my independence (e.g. with regard to mobility, communication, medication)					
	5	The use of this technology/method has a positive effect on me					
<b>Wearing comfort</b>	1	Wearing this device (parts of the device) is comfortable					
	2	I am pleased with the size of the device (parts of the device)					
	3	I would wish another look and design of the device (parts of the device)					
	4	I am pleased with the weight of the device (parts of the device)					
	5	The body-worn parts of the device are difficult to adjust (fix, fasten)					

Chiari L, Van Lummel R, Becker C, Pfeiffer K, Lindemann, U, Zijlstra, W. (2009) Deliverable 2.2: Classification of the user's needs, characteristics and scenarios - update. [Unpublished report from the EU Project (6th Framework Program, IST Contract no. 045622) Sensing and Action to support mobility in Ambient Assisted Living]. Department of Health. (2009) Prevention Package for Older people. London: Crown Copyright