

## *Supplementary Material*

- **Questionnaire**

**ID#**

**1. Which technological devices do you have access to? (check all that apply)**

- 1 ☐ Smartphone
- 2 ☐ Cell phone with no Internet connection
- 3 ☐ Ipad/Tablet
- 4 ☐ Personal laptop computer
- 5 ☐ Personal desktop computer
- 6 ☐ Laptop or desktop computer belonging to a friend, family member, etc.
- 7 ☐ Public computer (e.g., library, community center, etc.)

**2. What are the obstacles that prevent you from attending JAP/SOL clinic appointments? (check all that apply)**

- 1 ☐ I have **physical** difficulties in getting around
- 2 ☐ I have **financial** difficulties in getting around
- 3 ☐ I have difficulties **going outside (anxiety, not wanting to go outside)**
- 4 ☐ I have difficulties **finding time** (busy schedule, studies, work, etc.)
- 5 ☐ I have difficulties **using public transportation** to get around (too far, not enough buses or metros)
- 6 ☐ I have difficulties **finding my way around** (I don't know how to get to the hospital)
- 7 ☐ **I don't have any particular difficulties**
- 2 ☐ Neutral/I do not wish to answer the question

**3. How often do you access the Internet? (only one answer)**

- 1 ☐ Never
- 2 ☐ Irregular access
- 3 ☐ Once per month
- 4 ☐ At least once a week
- 5 ☐ Every day

**4. How do you access the Internet? (check all that apply)**

- 1 ☐ Cell phone plan
- 2 ☐ Home Internet plan
- 3 ☐ At school or in an educational institution
- 4 ☐ At work
- 5 ☐ In cafés, public spaces (e.g., library)

**5. Generally, to what extent are you SATISFIED with the outpatient SERVICES RECEIVED from the JAP/SOL team? (only one answer)**

- 1 ☐ Very unsatisfied
- 2 ☐ Somewhat unsatisfied

- ☐ 3 Moderately satisfied  
☐ 4 Very satisfied  
☐ 5 I do not know  
☐ -2 I do not wish to answer the question

**6. Generally, to what extent do you consider the OUTPATIENT SERVICES TO BE FLEXIBLE (i.e. adapt to your schedule, adjust to your needs, etc.)? (only one answer)**

- ☐ 1 Not at all flexible  
☐ 2 Somewhat flexible  
☐ 3 Moderately flexible  
☐ 4 Very flexible  
☐ 5 I do not know  
☐ -2 I do not wish to answer the question

**What method of communication have you used to KEEP IN TOUCH WITH YOUR JAP/SOL clinician during the past year? (only one answer for each question)**

	Every day <input type="checkbox"/> 5	At least once a week <input type="checkbox"/> 4	At least once a month <input type="checkbox"/> 3	At least once a year <input type="checkbox"/> 2	Never <input type="checkbox"/> 1
7. In person (at the clinic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In person (in the community)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Through my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Text messages (SMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Social media (e.g., Facebook, Snapchat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Videochat (i.e. Skype, Google hangouts, Facetime, others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Other (please specify) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. Generally, to what extent are you satisfied with the METHODS OF COMMUNICATION that you use with the JAP/SOL clinicians?**

**1= absolutely not satisfied and 10 = absolutely satisfied**

1 Absolutely not satisfied	2	3	4	5	6	7	8	9	10 Absolutely satisfied	-1□ I do not know	-2□ I do not wish to answer the question
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**17. Generally, to what extent are you satisfied with the face-to-face CONSULTATIONS with JAP/SOL clinicians?**

**1= absolutely not satisfied and 10 = absolutely satisfied**

1 Absolutely not satisfied	2	3	4	5	6	7	8	9	10 Absolutely satisfied	-1□ I do not know	-2□ I do not wish to answer the question
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**For questions 18 to 22, please circle the answer that best reflects your opinion on technology (Internet, cell phones, tablets, etc.) (only one answer for each question)**

	1□ Completely disagree	2□ Partially disagree	3□ I do not wish to answer the question	4□ Partially agree	5□ Completely agree
<b>18.</b> Technology plays a central role in daily life					
<b>19.</b> Technology enables me to connect with others, the outside world, and to stay informed					
<b>20.</b> Technology represents positive progress					
<b>21.</b> Technology helps to be integrated with society					
<b>22.</b> Technology helps with finding support, assistance, and information					

**Indicate the FREQUENCY with which you use each technology listed below (only one answer).**

	<b>23.</b> Videochat (e.g., Skype, Google Hangouts, Facetime, others)	<b>24.</b> Text messages	<b>25.</b> Internet searches	<b>26.</b> Email	<b>27.</b> Social media	<b>28.</b> Music/videos on the Internet
<input type="checkbox"/> Rarely or Never						
<input type="checkbox"/> At least once a month						
<input type="checkbox"/> At least once a week						
<input type="checkbox"/> Every day						

**For each technology listed below, evaluate YOUR LEVEL OF COMPETENCY (only one answer for each question).**

	<b>29.</b> Videochat (Skype, Google Hangouts, Facetime, others)	<b>30.</b> Text messages	<b>31.</b> Internet searches	<b>32.</b> Emails	<b>33.</b> Social media	<b>34.</b> Music /videos on the Internet
<input type="checkbox"/> Incompetent						
<input type="checkbox"/> Slightly incompetent						
<input type="checkbox"/> Somewhat competent						
<input type="checkbox"/> Very competent						
<input type="checkbox"/> I do not wish to answer the question						

**35. To what extent would you be favourable towards the idea of communicating using videoconferencing technology with JAP/SOL clinicians as part of your care? (only one answer)**

- 1 ☐ Very unfavourable
- 2 ☐ Somewhat unfavourable
- 3 ☐ Somewhat favourable
- 4 ☐ Very favourable
- 5 ☐ I don't know
- 2 ☐ I do not wish to answer the question

**36. What should be the 2 ESSENTIAL CHARACTERISTICS of a videoconferencing platform? (maximum 2 answers)**

- 1 ☐ Easy to use
- 2 ☐ Good sound quality
- 3 ☐ Confidential and secure
- 4 ☐ Efficient
- 5 ☐ Good image quality
- 6 ☐ Cost
- 7 ☐ Other: \_\_\_\_\_

**37. In your opinion, a videoconferencing tool should be used to (check all that apply):**

- 1 ☐ To replace in-person meetings
- 2 ☐ As a last resort when in-person meetings are impossible
- 3 ☐ In the case of unexpected events or an in an emergency
- 4 ☐ To avoid having to travel to the hospital
- 5 ☐ To facilitate/increase access to care
- 6 ☐ Other: \_\_\_\_\_

**38. WOULD YOU LIKE TO TRY VIDEOCONFERENCING in a future consultation?**

- 1 ☐ No
- 2 ☐ Yes
- 3 ☐ Maybe

**39. Do you have CONCERNS about the use of VIDEOCONFERENCING with the JAP/SOL team? If yes, please specify:**

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**40. Do you have RECOMMENDATIONS regarding the use of VIDEOCONFERENCING with the JAP/SOL team? If yes, please specify:**

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THE INFORMATION IN THE NEXT SECTION WILL NOT BE USED TO IDENTIFY THE  
PERSON FILLING OUT THIS SURVEY

41. Age: \_\_\_\_\_

42. Are you:

- ☐ A man  
☐ A woman

43. Which of the following options best describes your current living situation? (check all that apply)

- ☐ On the streets  
☐ Shelter / dormitory  
☐ Group home / Youth centre  
☐ With friends  
☐ With family  
☐ Supervised apartment  
☐ Alone in an autonomous apartment  
☐ Apartment with roommates  
☐ I occupy uninhabited or abandoned places

44. Level of education completed

- ☐ Elementary school  
☐ High school, incomplete  
☐ High school diploma  
☐ CEGEP, completed or no  
☐ University, completed or no

45. Which of the following categories best describes your current situation/main activity?  
(only one answer)

- ☐ I do not have a job / I do not go to school  
☐ I have a job  
    Id work:    ☐ Full-time    ☐ Part-time  
☐ Student  
☐ Volunteer  
☐ Other (please specify) .....

46. Are you followed by: ☐ JAP    ☐ SOL

46.1 Since when? Indicate the year and month of your first admission:

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**We thank you for your participation.**

**Interviewer notes**

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**Interviewer initials:** \_\_\_\_\_