

Patient Reported Outcome Form 12 Weeks

Final Version 1.0, 2/3/2020

Please answer the following questions to the best coordinator when you are done.	st of your ab	oility and	d returr	n the co	mplete	ed form	to the	study
GENERAL INFORMATION								
Date form completed: _ / /	.							
Month Day	Year							
ENGAGEMENT WITH THE InCharge Health A	App							
1. Is the app interesting to use?								
☐ Not interesting at all								
☐ Mostly uninteresting								
☐ Ok, neither interesting nor uninterest	ing							
☐ Moderately interesting								
☐ Very interesting								
2. How often did you use the app these last 3 n	months?							
☐ Every day								
☐ Two to three times per week								
☐ Once a week								
☐ Once a month								
☐ Did not use at all								
3. Which features of the app did you find most	useful (rank	in orde	er of im	portan	ce)?			
	Most							Least

		Most important	2	3	4	5	6	7	Least important 8
a.	Reminders to take hydroxyurea (text messages)								
b.	A person you chose as a partner knowing you did not take the medicine								
c.	A person you chose as a partner knowing you were in the hospital								
d.	Information about hydroxyurea								0
e.	Connection with other people with sickle cell disease								П
f.	Access to your medical chart								О
g.	The 7-day streaks								
h.	The graphs about my pain								

	low much do you agree with the following statem	Strongly disagree	Disagree	Neutral	Agree	Strongl agree
a.	The app helped me remember to take hydroxyurea					
b.	The app helped me learn about sickle cell disease					
C.	The app helped me connect with other people with sickle cell disease		П	П		
d.	The app helped me connect to doctors					
e.	The app helped me better track my treatment					
f.	I plan to continue to use the app after the study ends		П	П		
	 □ No/limited instructions; menu labels/icons □ Usable after a lot of time and effort □ Usable after a lot of time and effort □ Easy to learn how to use the app □ Able to use app immediately; intuitive; simple 					
6. V - - -	What other comments would you have about the	app?				
7. [- -	Oo you have any suggestions to improve the app?					
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•	Did you have any problems when using the app?
	Anything else you would like to say?

This is the END of the survey. Please return it to the study coordinator.

Thank you for your participation.