

Appendix 1.

Supplementary Material. The survey with all questions performed translated to English and the results are shown.

1. **Age:** 44.9 ± 9 years old (range, 21-62; N=26).
2. **Gender:** 53.9% females (N=26).
3. **Experience evaluating patients with Parkinson's disease:** 16 ± 6.9 years (range, 1-30; N=26). 1 year, N=1; 3 years, N=1; 5 years, N=1; 7 years, N=1; the rest of cases (N=22), > 10 years of experience; without answer, N=1.
4. **Center where you work:**
 - **Third level of care:** 70.4% (N=19).
 - **Second level of care:** 29.6% (N=8).
 - **First level of care:** N=0 (0%).
5. **Your work activity takes you in a:**
 - **Movement Disorders Unit:** 66.7% (N=18).
 - **Movement Disorders Monographic Consult:** 33.3% (N=9).
6. **Have you previously tried any medical device to assess the condition of patients with Parkinson's disease?**
 - **No:** 59.3% (N=16).
 - **Yes:** 40.7% (N=11). **Which one?** Homekinesia, Somnowatch, KinetiGraph, Kronowiso, Xsense, Opal, Kinesia, watches with actigraph, PKG watch, electronic diaries, Kinect v2, Wii Balance Board, Actitrack.
7. **What percentage of patients with Parkinson's disease, among whom you treat, could benefit from the use of the STAT-ON device?**
 - **0-25%:** 40.7% (N=11).
 - **26-50%:** 44.4% (N=12).
 - **51-75%:** 14.8% (N=4).
 - **76-100%:** 0%.
8. **Do you think the sensor is patient-friendly?**
 - **Yes, it looks nice:** 88.9% (N=24).
 - **Yes, although it is a little bit big:** 11.1% (N=3).
 - **No, it is big and can be stigmatizing:** 0%.
9. **Do you think that the waist can be a problem when using the sensor?**
 - **No, the waist is a good place:** 88.9% (N=24).
 - **I would have chosen another part of the body:** 11.1% (N=3).

10. **Indicate in how many patients you used the device in the last 6 months:** 119 evaluations in 114 patients (range from 2 to 9 per neurologist; mean 4.5 ± 2.3).
11. **Did you use the device in patients without fluctuations?**
 - **No:** 52% (N=13).
 - **Yes:** 48% (N=12). **If so, did it be useful? (please, comment on what):** rule out early fluctuations; detection of FOG.
12. **In general, how useful is the information provided by the report for patient monitoring?**
 - **Nothing:** 0%.
 - **Little:** 25.9% (N=7).
 - **Quite:** 63% (N=17).
 - **Very:** 11% (N=3).
13. **Regarding the information provided by the sensor, mark each box from 1 to 7 (7 being very useful and 1 not very useful).**
 - **ON-OFF daily distribution:**
 - **Weekly hours during the OFF state distribution:**
 - **Dyskinesia distribution:**
 - **FOG episodes distribution:**
 - **Number of FOG episodes and duration:**
 - **Falls detection:**
 - **Data about gait:**
 - **Amount of movement:**

Please, see results in Table 1.
14. **Is the report missing any symptoms or relevant information related to the patient?**
 - **No:** 50% (N=12).
 - **Yes:** 50% (N=12). **If so, what?** No differentiation between disabling and non-disabling dyskinesia; relation between states and the time of taking the medication; no identification of tremor; no identification of non-motor symptoms, no identification of trunk lateralization; no identification of motor status during sleep.
15. **Do you think this information can help determine that a patient is in an advanced phase of the disease (advanced Parkinson's disease)?**
 - **No:** 18.5% (N=5).
 - **Yes:** 81.5% (N=22).
16. **Did you use the device in a PD patient under a second-line therapy (DBS or a pump)?**
 - **No:** 51.9% (N=14).
 - **Yes:** 48.1% (N=13).
17. **If you used the device in patients under a second-line therapy, indicate the number and type as well as whether it seemed useful to monitor the response:**
 - **Number:** 21 patients (N=13).

- **Therapies:** 10 deep brain stimulation (DBS); 6 subcutaneous apomorphine infusion; 3 intraduodenal levodopa infusion; 2 without information.
- **Usefulness:**
 - **Not useful:** 9.1% (N=1).
 - **Yes, not very useful:** 27.3% (N=3).
 - **Yes, quite useful:** 45.5% (N=5).
 - **Yes, very useful:** 18.1% (N=2).

18. In general, based on your experience, compared to patient diaries, whether on paper or telematics, what do you think about the information (specifically the information without going into other aspects) that STAT ON provides?

- **STAT ON is much worse than diaries.**
- **STAT ON is quite worse than diaries.**
- **STAT ON is little worse than diaries.**
- **STAT ON is the same as the diaries.**
- **STAT ON is little better than diaries.**
- **STAT ON is quite better than diaries.**
- **STAT ON is much better than diaries.**

Please, see results in Figure 1A.

19. Suggestions for improving the report (optional and open):

- **No:** 48.1% (N=13).
- **Yes:** 51.9% (N=14). **If so, what?** To improve feedback for the patient; the possibility of marking different symptoms (at least three buttons and not one) that are identified; identification of what happens in the grey area; to add written report as a summary; the possibility of using the device for the levodopa test or the apomorphine test; to improve the chart distribution.

20. What is your general opinion about the device (from 0, the worst, to 10, the best)? 6.9 \pm 1.7 (range, 2-9; N=26).

21. How often do you think the sensor should be used to correctly assess a PD patient with fluctuations?

- **Continuous monitoring:** 0%.
- **Every month:** 3.7% (N=1).
- **1 time every 3 months:** 22.2% (N=6).
- **1 time every 6 months or more:** 3.7% (N=1).
- **Individually according to the case (therapy, response, etc.):** 70.4% (N=19).

22. How often do you think the sensor should be used in a PD patient who is under a second-line therapy?

- **Continuous monitoring:** 0%.
- **Every month:** 14.8% (N=4).
- **1 time every 3 months:** 14.8% (N=4).
- **1 time every 6 months or more:** 3.7% (N=1).
- **Individually according to the case (therapy, response, etc.):** 66.7% (N=18)

23. Would you use the sensor in routine clinical practice?

- **No:** 11.1% (N=3).
- **Yes:** 88.9% (N=24).

24. The time you have to invest in explaining to the patient what the device consists of, its implantation, analysis of the results, etc., do you think it is a limitation for using it in clinical practice?

- **No:** 59.3% (N=16).*
- **Yes:** 40.7% (N=21).

*In 1 case, "No" but only if a nurse or another specialized professional helps.

25. Considering the device as a whole (information it provides, time invested in its use, applicability of the results, inconvenience to the patient, etc.), what is your opinion?

- **STAT ON is much worse than diaries:** 0%.
- **STAT ON is quite worse than diaries:** 3.7% (N=1).
- **STAT ON is little worse than diaries:** 22.2% (N=6).
- **STAT ON is the same as the diaries:** 3.7% (N=1).
- **STAT ON is little better than diaries:** 22.2% (N=6).
- **STAT ON is quite better than diaries:** 33.3% (N=9).
- **STAT ON is much better than diaries:** 14.8% (N=4).

26. Do you have a general opinion based on your experience on the perception of patients with the device?

- **I do not have it:** 3.7% (N=1).
- **I think it is good:** 85.2% (N=23).
- **I think it is regular:** 7.4% (N=2).
- **I think it's bad:** 0%.
- **It certainly varies greatly from patient to patient:** 3.7% (N=1).

27. Would you buy STAT-ON for using in routine clinical practice?

- **No:** 19.2% (N=5).
- **Yes:** 80.8% (N=21).

28. Taking into account the service provided by the sensor, what do you think would be the best payment system?

- **Monthly subscription only (including app updates, sensor maintenance and device payment):** 3.8% (N=1).
- **Payment for report packages (payment proportional to use):** 42.3% (N=11).
- **A single down payment:** 53.9% (N=14).

29. What cost do you think would be optimal for each method taking into account the value of the sensor?*

*The answers were not provided regarding ethical aspects.

30. Do you have any other questions?

Thank you very much for your participation.