



☐ No    ☐ Yes, but have not downloaded    ☐ Yes, and have downloaded

※If you answered that you have downloaded the app, go to question 13. Otherwise, skip to question 19.

13. How many times have you used the 'Oshiete! Doctor' app?

☐ 0 times    ☐ Once    ☐ 2 - 3 times    ☐ 4 - 10 times    ☐ More than 10 times

14. Would you recommend this app to people who might benefit from it?

☐ Strongly agree    ☐ Somewhat agree    ☐ Somewhat disagree    ☐ Strongly disagree

15. Which features of the app were useful? (Multiple answers allowed)

☐ Emergency!    ☐ Search by symptom    ☐ Search by disease name    ☐ Magical Parenting  
☐ Parenting Tips    ☐ Vaccinations    ☐ Disasters and Emergency Preparedness  
☐ Parenting Consultation Desk    ☐ Smartphone Notification Function    ☐ None were useful

16. Did using this app give you peace of mind in protecting your child's health?

☐ Strongly agree    ☐ Somewhat agree    ☐ Somewhat disagree    ☐ Strongly disagree

17. Did this app help you make decisions about visiting the hospital for your child?

☐ Strongly agree    ☐ Somewhat agree    ☐ Somewhat disagree    ☐ Strongly disagree

18. What is your overall (star) rating of the app?    ☐ ★    ☐ ★★    ☐ ★★★    ☐ ★★★★    ☐ ★★★★★  
★

We would like to ask some general questions. Please choose the most applicable options. (13 questions)

About the respondent (7 questions)

19. What is the respondent's gender?    ☐ Male    ☐ Female

20. What is your relationship with the child?    ☐ Father    ☐ Mother    ☐ Other (       )

21. Your age: (       ) years old

22. Your highest level of education:    ☐ Junior high school    ☐ High school    ☐ Vocational school  
☐ Junior college    ☐ University    ☐ Graduate school    ☐ Other (       )

23. Are you a healthcare professional?    ☐ Yes    ☐ No

24. How would you describe your current financial situation? (Choose one)

☐ Very comfortable    ☐ Somewhat comfortable    ☐ Average    ☐ Somewhat tight    ☐ Very tight

25. Where do you usually get information about healthcare? (Multiple answers allowed)

☐ TV    ☐ Radio    ☐ Newspapers/Magazines    ☐ Family doctor    ☐ Family    ☐ Friends  
☐ YouTube    ☐ Facebook    ☐ X (formerly Twitter)    ☐ Instagram    ☐ Government or municipal websites  
☐ Blogs    ☐ Web news (Yahoo!, LINE, etc.)    ☐ Medical professionals' or clinics' websites

Now, about your child. (If you have more than one child, please answer about the youngest.) (6 questions)

26. Your child's gender    ☐ Boy    ☐ Girl

27. Your child's age: (       ) years and (       ) months

28. (For parents of preschool children only)    ☐ Attending daycare    ☐ Attending kindergarten

☐ Attending neither

29. What is your child' s birth order? ( )st/nd/rd/th child

30. Does your child have any chronic illnesses? ☐ No ☐ Yes (Details: \_\_\_\_\_)

31. How often has your child visited the emergency outpatient clinic at night or on holidays in the past 6 months, including today? ( ) times

32. (To be completed after the consultation) In the end, how do you feel about today' s visit?

☐ I'm glad we visited    ☐ It might not have been necessary    ☐ It was unnecessary

※ This is the end of the questionnaire. Thank you for your cooperation.

For Medical Institution Use Only (no need to answer)

Chart No. ( )      Diagnosis ( )      Outcome ( )      Triage Result ( )