**Supplemental material**

**Questionnaire mailed to the experts panel**

***Section1 – General Information***

1. **Name of the hospital where you work:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Year of experience in sector**: |\_\_|\_\_|
3. **Number of patients with DFIs managed in a year?** *|\_\_|\_\_|\_\_|*

***Section 2 – Current practice***

*The following questions relate to your current clinical practice, as indicated in the text we ask you to answer by referring to the typical patient with an infected diabetic foot ulcer that you have treated over the last 12 months.*

1. **With reference to a typical patient with DFI, we kindly ask you to outline the standard treatment followed by the patient in terms of:**

**4.1. Average duration of treatment (in weeks):** |\_\_|\_\_|

**4.2. Main treatment setting:**

☐ Outpatient

☐ Inpatient (daily hospitalisation)

☐ Inpatient (ordinary stay)

☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.3. Frequency of treatment in a week:** |\_\_|\_\_|

**4.4. Type of treatment**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **In the context of outpatient services provided, please specify the Diagnosis Related Groups (DRG) codes of the services most commonly used to classify the treatments performed for reimbursement.**

|  |  |
| --- | --- |
| **DRG code** | **Description** |
|  |  |

1. **Based on your experience, please briefly outline the advantages and limitations of the standard treatments used for the management of DFIs patients with regard to their clinical impact.**

|  |  |
| --- | --- |
| **Advantages** | **Disadvantages** |
|  |  |

1. **Based on your experience, please briefly outline the advantages and limitations of standard treatments for the management of DFIs patients with regard to their organisational/economic impact within your organisation.**

|  |  |
| --- | --- |
| **Advantages** | **Disadvantages** |
|  |  |

***Section 3 – Experience with the use of photodynamic therapy with RLP068 (based) system***

*The following questions relate to your experience with the use of PDT-RLP068 system for the treatment of the typical patient with an infected diabetic foot ulcer.*

1. **Do you have experience in using PDT-RLP068 system for the treatment of infected PD ulcers?**

☐ No

☐ Yes

*If you answered "Yes" to question 8, please answer the following questions:*

1. **Do you think that the introduction of PDT-RLP068 system for the treatment of infected PD ulcers will have an impact on the success rate of the treatment?**

☐ No

☐ Yes,

**9.1. If "Yes", to what extent on infection control?**

Please suggest the % change from the standard (indicating the sign and magnitude of the change):

|\_\_|\_\_|\_\_|%

☐ No effect

☐ I don’t know

**9.2. If "Yes", to what extent on the reduction of the ulcer area?**

Please suggest the % change from the standard (indicating the sign and magnitude of the change):

|\_\_|\_\_|\_\_|%

☐ No effect

☐ I don’t know

**9.3. If "Yes", to what extent on healing time (reduction of at least 50% of the ulcer area)?**

Please suggest the % change from the standard (indicating the sign and magnitude of the change):

|\_\_|\_\_|\_\_|%

☐ No effect

☐ I don’t know

**9.4. If "Yes", to what extent on the use of antibiotics?**

Please suggest the % change from the standard (indicating the sign and magnitude of the change):

|\_\_|\_\_|\_\_|%

☐ I don’t know

1. **In relation to your experience, please describe the clinical impact of using PDT-RLP068 system for the treatment of infected PD ulcers outlining possible advantages and limitations.**

|  |  |
| --- | --- |
| **Advantages** | **Disadvantages** |
|  |  |

1. **In relation to your experience, please describe the organizational impact of using PDT-RLP068 system for the treatment of infected PD ulcers outlining possible advantages and limitations.**

|  |  |
| --- | --- |
| **Advantages** | **Disadvantages** |
|  |  |

1. **Which code did you use or would you use for the classification of treatments carried out with PDT-RLP068 system for the purpose of reimbursement/validation?**

|  |  |
| --- | --- |
| **DRG code** | **Description** |
|  |  |

1. **In relation to your experience, please indicate your level of satisfaction with the use of PDT-RLP068 system for the treatment of DFIs.**

☐ Absolutely dissatisfied

☐ Dissatisfied

☐ Neither satisfied nor dissatisfied

☐ Moderately satisfied

☐ Fairly satisfied

1. **Based on your knowledge and experience from using PDT-RLP068 system, in which type of PD ulcer (TEXAS scale classification) would you consider using it?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | -3  (Absolutely No) | -2 | -1 | 0 | 1 | 2 | -3  (Absolutely Yes) |
| Grade IA | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IB | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IC | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade ID | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIA | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIB | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIC | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IID | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIIA | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIIB | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIIC | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grade IIID | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |