

Appendix 1. Questionnaire home care nurses

What is your respondent number:

Date:

What is your age? year

What is your gender?

0 female

0 male

What is the highest level of education in nursing that you have completed?

0 in-service education

0 secondary vocational education

0 higher professional education with a bachelor degree

0 other, namely

Which extra or specialized education in nursing have you possibly completed?

.....

What is the scope of your employment in FTE (rounded)?

0 0,1 FTE

0 0,2 FTE

0 0,3 FTE

0 0,4 FTE

0 0,5 FTE

0 0,6 FTE

0 0,7 FTE

0 0,8 FTE

0 0,9 FTE

0 1 FTE

Which situation is *most* applicable to your work?

- I work as a nurse who usually performs various tasks of care for patients at home, including the care with advanced medical technologies (such as infusion therapy, parenteral nutrition or morphine pumps) if necessary.
- I work as a specialized nurse who performs specific tasks for patients at home using advanced medical technologies.

How many years of practical experience do you have in total (in inpatient and outpatient care) with regard to the use of the following medical technologies, regardless of the type:

	Never used it	Less than 6 months	6-12 months	1-2 year	More than 2 years
Infusion therapy	0	0	0	0	0
Parenteral nutrition	0	0	0	0	0
Morphine pump	0	0	0	0	0

How often do you use the following medical technologies on average **in home care**?
(almost) daily = (almost) every shift

	(Almost) daily/(almost) every shift	Several times a month	A few times every six months	Several times a year	Less than once a year	Never used it
Infusion therapy	0	0	0	0	0	0
Parenteral nutrition	0	0	0	0	0	0
Morphine pump	0	0	0	0	0	0

To what extent do you consider yourself competent of using the following medical technologies safely in the home setting?

	Very competent	Sufficiently competent	Insufficiently competent	Very incompetent
Infusion therapy	0	0	0	0
Parenteral nutrition	0	0	0	0
Morphine pump	0	0	0	0