Appendix A: Device evaluation completed by participating patients

Study	number: Date:
find ou	devices help prevent blood clots in the legs if used whilst in bed. This is a survey to it how you feel about using the devices. The information will be used to help us y the best way to prevent blood clots. It will require about 5 minutes of your time.
	mark the box that most closely matches your experience of Microstim eko/Flowtron.
1.	The device was comfortable.
	☐ Strongly agree
	□ Agree
	□ Neither agree nor disagree
	□ Disagree
	□ Strongly disagree
2.	The device did not interfere with my ability to move in bed.
	☐ Strongly agree
	□ Agree
	□ Neither agree nor disagree
	□ Disagree
	□ Strongly disagree
3.	Even though it would help prevent blood clots, I would not use this device.
	☐ Strongly agree
	□ Agree
	□ Neither agree nor disagree
	□ Disagree
	☐ Strongly disagree
4.	I would rather have a daily injection than use this device.
	□ Strongly agree
	□ Agree
	□ Neither agree nor disagree
	□ Disagree
	☐ Strongly disagree
5.	I would like to use this device in the future
	□ Strongly agree
	□ Agree
	□ Neither agree nor disagree
	□ Disagree
	□ Strongly disagree

Comments:

Appendix B: Device evaluation completed by participating nurses

Study nu	mber: Date:
find out h	vices help prevent blood clots in the legs if used whilst in bed. This is a survey to now you feel about using them. The information will be used to help us identify the to prevent blood clots in stroke patients. It will require about 5 minutes of your
	ark the box that most closely matches your experience of Microstim o/Flowtron.
1. T	he majority of patients would be able to wear the device.
	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
2. T	he device looks easy to apply.
	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
3. T	he device would make it difficult to provide care to the patient.
	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
4. It	would be easy to monitor skin integrity and pressure areas.
	Strongly agree
	6
	1,6-1-1-1
	6
	Strongly disagree
	he device would interfere with the patient's ability to move in bed.
	Strongly agree
	6
	Neither agree nor disagree
	Strongly disagree

6.	Th	e device would limit the patient's ability to mobilise or engage in rehabilitation.							
		Strongly agree							
		Agree							
		Neither agree nor disagree							
		Disagree							
		Strongly disagree							
7.	The device would not be suitable for patients due to the risk of falls.								
		Strongly agree							
		Agree							
		Neither agree nor disagree							
		Disagree							
		Strongly disagree							
8.	Pat	Patients would complain about using this device.							
		Strongly agree							
		Agree							
		Neither agree nor disagree							
		Disagree							
		Strongly disagree							
9.	I w	yould like to use this device in the future							
		Strongly agree							
		Agree							
		Neither agree nor disagree							
		Disagree							
		Strongly disagree							

Comments:

Appendix C: Patients evaluated the devices on different criteria by attributing a score

Device	Q1 ¹	Q2	Q3	Q4	Q5	Satisfaction score ³
FES	4^{2}	2	4	4	4	84
Geko	4	4	4	3	3	89
IPC	3	2	3	3	3	66

Device	Q1 ⁴	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q 9	Satisfaction score ³	
FES	3^2	3	2	3	3	3	2	3	3		65
GEKO	4	4	4	3	4	4	3	4	4		85
IPC	3	3	1	3	1	0	0	0	1		31

¹ Patients gave a score between 1 and 5 to each of 5 questions

Appendix D: Randomisation of six possible sequences of interventions

Sequence	Intervention						
1	Geko	Microstim	IPC				
2	Geko	IPC	Microstim				
3	Microstim	Geko	IPC				
4	IPC	Microstim	Geko				
5	Microstim	IPC	Geko				
6	IPC	Geko	Microstim				

²The values in the table represent the mean difference between the worst score possible and the patient's/nurses scores

³The average mean difference was used to produce a satisfaction score (expressed as a percentage)

⁴Nurses gave a score between 1 and 5 to each of 9 questions