Patient	and f	amily	perceptions	of PKU	clinics
	sind j		perceptions	0,110	0111100

<ol> <li>Please tick one of the options below</li> </ol>
--

	I am an adult (1	8 years or over) with F	PKU		
	I am a parent/carer of an adult with PKU (18 years and over)				
	I am a parent/c	arer of a child with PK	J (under 18 years)		
	I am under 18 y	ears with PKU			
	None of the abo	ove			
2.	Is the person with PKL	J a UK resident			
	Yes	No			
3.	Do you speak English	as your first language	?		
	Yes	No			
4.	Do you require a trans	lator during hospital cl	inic reviews?		
	Yes	No			
5.	How old is the person	with PKU?			
	Less than 12y	12-18y	19-30y		
	31-50y	51-60y	Over 60y		
6.	Please select the serv	ice you attend			
	Adult services	Paediatric servic	ces		
7.	What is the sex of the	person with PKU?			
	Male	Non-binary	Other		
	Female	Prefer not to say			

8. Prior to March 2020, did you attend clinic reviews at hospital with a PKU metabolic team?

Yes
No
Other

- 8.a. If you selected other, please specify:
- 9. Have you attended any face-to-face clinic reviews for PKU care?

Yes				
No				
10.At your clinic visits, do	o you always see and s	peak to a doctor?		
Yes	No	Sometimes	Don't know	
10.a. Please comment				
11. How many health pro clinic?	fessionals are present i	in the room when you	u see the doctor in the	
1	3	5	Other	
2	4	6+		
11.a. If you selected Other, please specify:				
12. Please select health professionals present in the room (tick all that apply)				
Doctor	Dietitian	Biochemist	Other	
Nurse	Psychologist	Trainees		

12.a. lf	you selecte	d Other, pl	lease specify:
-			

13. How do you feel about the number of people present in the room?

14. Please select the health professionals you normally talk to at the clinic review

Doctor	Dietitian	Biochemist
Nurse	Psychologist	Other

14.a. If you selected Other, please specify:

15. Please tick which of the following are done during the clinic review (tick all that apply)

Height measured
Weight measured
Blood samples taken to check your nutrition e.g. iron levels
Blood pressure check
Opportunity to discuss symptoms or concerns
Physical examination by doctor
Psychometric testing with a psychologist
Other
15.a. If you selected Other, please specify:

16. Are sensitive topics discussed during your face-to-face review? (e.g. Drugs, alcohol, sexual health)

Yes	No	Not applicable

16.a. Please comment

17. Are you usually given samples of low protein foods or protein substitute?

Yes	No	Don't know				
18. How long on average do face-to-face clinic reviews last?						
Up to 15 min	30 min – 1 hour	Over 2 hours Other				
Up to 30 min	1-2 hours	Don't know				
18.a. If you selected Othe	er, please specify:					
-		c reviews useful? (e.g. able to discuss get practical advice, receive support and				
Very useful	Neutral	Don't know				
Useful	Not useful					
19.a. Please comment						
20. To what extent do you	u feel stressed or relax	ed during the face-to-face clinic reviews?				
Stressful	Neutral	Very relaxed				
Slightly stressf	ful Relaxed	Don't know				
20.a. Please comment						
•	21. Using the scale below, how easy or difficult is it to travel to the face to face clinics reviews (e.g. transport available, distance to clinic) Please tick.					
Very difficult	Neutral	Very easy				
Difficult	Easy	Don't know				

21.a. Please comment

22. Please select which best describes the travel costs/parking charges associated with face-to-face clinic reviews.

Expensive	Acceptable costs	No costs	Don't know
22.a. Please comment			
23. Please give your opinic	on on the time length o	of the clinic reviews.	Don't know
23.a. Please comment			
24. Please give your overa	Il comments about the	e face to face review	service.
25. Have you attended onli	ne video clinics for Pł	(U care?	
Yes	No		
26. At your video clinic revi	ews, do you always s	ee and speak to a do	octor?
Yes	No	Don't know	
26.a. Please comment			

27. How many health professionals are in the same room as your doctor during your video clinic reviews? (Please tick)

1	3	5	Other
2	4	6+	

27.a. If you selected Other, please specify:

27.b. How do you feel about this?

28. Please select health professionals present in the video link during the clinic (tick all that apply)

Doctor	Dietitian	Biochemist	Other
Nurse	Psychologist	Trainees	

28.a. If you selected Other, please specify:

29. Are sensitive topics discussed during your video clinic review (e.g., Drugs, alcohol, sexual health).

Yes	No

29.a. Please comment

30. How long, on average, do your video clinic reviews last? (this includes talking to all of the PKU team)

Up to 15 min	30 min – 1 hour	Over 2 hours	Other
Up to 30 min	1-2 hours	Don't know	

30.a. If you selected Other, please specify:

31. To what extent do you find the online virtual video clinics useful? (ability to discuss health needs, ask questions and get practical advice?)

Very useful	Neutral	Don't know
Useful	Not useful	
31.a. Please comment		
32. To what extent do you t	feel stressed or relaxe	d during the video clinic reviews?
Stressful	Neutral	Very relaxed
Slightly stressful	Relaxed	Don't know
32.a. Please comment		
33. Please give your opinio	on on the length of the	video clinic reviews.
Clinic too long	Clinic just right	Clinic too short Don't know
33.a. Please comment		

34. Do you experience any of the following technical problems with video clinic reviews?

Don't

N/A

No

Yes

		Know	
Difficult to establish online connection			
Difficult to access by phone connection			
Technical issues with online device used e.g., computer			
Technical issues with internet connection			
Cannot see all the health professionals involved in the consultation			
Cannot hear all health professionals involved in the consultation			
Difficulty with technology at home to allow a videocall (e.g., internet, laptop or tablet).			
No difficulties			
Other			

34.a. If other, please specify

35. Please give your overall comments on the video clinic reviews.

Yes No	
36.a. Please comment	
37. For your telephone reviews, do you always speak to a doctor?	
Yes No Don't know	
37.a. Please comment	
38. How many health professionals are on the same call as the doctor d telephone review? (Please tick)	uring your
1 3 5	Other
2 4 6+	
38.a. If you selected Other, please specify:	
38.b. How do you feel about the number of health professionals on the c	call?
39. Please select health professionals present on the call (tick all that ap	oply)
Doctor Dietitian Biochemist	Other
Nurse Psychologist Trainees	

39.a. If you selected Other, please specify:

40. Are sensitive topics discussed during your telephone review (e.g., Drugs, alcohol, sexual health).

Yes	No	Not applicable

40.a. Please comment

41. How long, on average, are the telephone clinic reviews? (this includes talking to all of the PKU team)

Up to 15 min	30 min – 1 hour	Over 2 hours	Other
Up to 30 min	1-2 hours	Don't know	

41.a. If you selected Other, please specify:

42. Do you experience any of the following technical problems with telephone reviews?

No

Yes

Don't know

Don't N/A

		Know	
Difficult to access by phone connection			
Cannot hear all health professionals involved in the consultation			
Difficulty at home to allow a telephone call (e.g., no landline, no mobile, phone not working).			
No difficulties			
Other			

42.a. If other, please specify

43. To what extent do you find the telephone clinics useful? (ability to discuss health needs, ask questions and get practical advice?)

Very useful	Neutral
Useful	Not useful

43.a. Please comment

44. To what extent do you feel stressed or relaxed during the video clinic reviews?
Stressful Neutral Very relaxed
Slightly stressful Relaxed Don't know
44.a. Please comment
45. Please give your opinion on the length of the video clinic reviews.
Clinic too long Clinic just right Clinic too short Don't know
45.a. Please comment
46. Please give your overall comment on the telephone review service.
47. How would you prefer to attend clinics in the future?
Face-to-face only
Online virtual video only
Online telephone only
Mixture of face-to-face, virtual video and telephone
Don't know

Other

47.a. If you selected Other, please specify