Paediatric Outpatients and the Internet Study Questionnaire

1. How old is	your child?		years	.months		
2. For what problem or condition is your child seeing the doctor today?						
For each que	estion, please ti	ck the a	appropriate bo	OX.		
3. How many times has your child been to this clinic before? First appointment □ Once before □ More than once before □						
4. Have you h Yes	neard of the inte \Box	rnet? No		Don't know		
5. Have you e	ever used the int	ernet? No		Don't know		
6. Do you hav Yes	ve a home comp	outer? No		Don't know		
7. If yes, do y Yes	ou have interne □	t access No	s? (If no, go to \Box	·		
•	ou have access t work)? (Leave			*	ample, at friends, question 6)	
9. Have you t Yes	used the internet	in the j	past for medica			
10. Do you think that doctors should suggest suitable internet sites where families could find relevant information about their child's problem? Yes □ No □ Don't know □						
	lth professional on the internet?				ion on your child's	
Yes		No		Don't know		
-	looked on the i		for information	about the prob	olem for which your	
1 05		110		Zon t Know		

If you answered *no* to question 12, you do not need to fill in any more of this questionnaire. Thank you for completing it so far. Please place it in the box provided.

If you answered yes to question 12, please continue with the questionnaire.

13. Did you look on the internet before consulting a doctor about your child's problem?								
	Yes		No		Do	on't know		
14. W	hat info like.	ormation did y	ou look	for on t	he internet?	You can	tick as many as y	'ou
	Medic Altern More Long t Self he Other Hospi	ole diagnoses cal treatments native treatme information a term outcome elp or patient families who tals or doctors (please give o	nts avail bout a d of the c support se childr s special	able iagnose ondition groups en have ising in	n e similar prob			
15. Di	d you fi Yes	ind informatio	on which No	n was us	-	on't know	П	
16. Ple		l us how the in		on has l				
		• • • • • • • • • • • • • • • • • • • •						
				• • • • • • • •				• •
17. W	ould yo Yes	u use the inte	rnet agai	in for he		ation? on't know		
	-	, or do you pl	an to, di	scuss th	e informatio	n you foun	d with the doctor	
90	Yes		No		Do	on't know		
19. If 1	no, why	y is that?						
mo	ore deta	il about the irou in this situa	formati				he internet to get be happy for us to	
inform	please ation w	_	me, add	ress and	_		er below. This	
		• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •	• •

Thank you for completing the questionnaire. Please put it in the box provided.

Paediatric Outpatients and the Internet Study

Dear Parent or Guardian

Many families find written information about their child's medical condition very useful. Many people now have access to computers and are using them to obtain medical information which is available on the internet.

We would like to find out how many families whose children come to paediatric outpatients, are using the internet to gain information about their child's problems. We would also like to know how useful they find that information and how they use it.

Whether or not you have used the internet, we will be very grateful if you would complete the attached questionnaire. It should not take more than 5 minutes to complete. The questionnaire is anonymous and confidential.

When you have filled it in, please place it in the box provided before leaving clinic. We don't mind if you do not want to fill one in, but please put the unused questionnaire into the box when you leave clinic. If you have already completed one of these forms at an earlier clinic visit, you do not need to complete another, but please write that fact on the form and place in the box.

The results of the survey will be available from the study organisers listed below when the study is complete. Please note on your questionnaire, or on a separate piece of paper, if you would like to be sent a summary of the results.

Many thanks for your help.

Yours sincerely

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