

Form 3a: Parent Evaluation of Telegenetics appointment

We would like to learn about your health care visit today:

- How telemedicine worked for you and your family
- The quality of the health care visit

Your answers will help us understand the needs of families who are using telemedicine and how to improve services.

1. Before today's visit, what made it hard to get the specialty services your child needs? *(Check all that apply)*

It costs too much to travel It is hard to get and/or pay for child care It costs too much (insurance)

I miss work and/or lose wages Going to a large hospital is not comfortable Other _____

2. If you had not been able to use telemedicine to get specialty care today, what would you have done? *(Check all that apply)*

I/we would have traveled to Kansas City I/we would have seen our local provider

I/we would have waited until the specialist
came near to our home in an outreach clinic I/we would not have gotten the care my child needed

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Instructions: Circle the answer that best indicates your agreement with each statement.

<i>Indicate how much you agree with each of the following statements or circle if it is not applicable</i>	Not applicable				
1. The information I received <u>before the visit</u> helped me understand what was going to happen.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
2. The equipment worked well.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
3. Before we started, each person introduced themselves and described their role.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
4. The use of technology did not get in the way with being able to have a good conversation with the specialist.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
5. The specialist listened and respected the information I provided.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
6. The specialist responded to all of my questions.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
7. Privacy of information about my child and my family was protected.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
8. I feel confident in the quality of the care provided today.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree

9. I feel confident in the recommendations from today's telemedicine visit.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
10. I would recommend telemedicine to other families.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
11. Overall, I was satisfied with the visit today.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
12. Despite the obstacles to receiving care in person, I would STILL prefer to travel to see the specialist.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree

13. Has telemedicine made it any easier to get the care you need for your child? If yes, how?

14. Was there anything that would have made this visit better? (ie: meeting space, temperature, parking, etc.)

15. Please provide us with any additional comments.

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Date of Visit: _____	Type of Visit*: _____	Linking Code: _____	Child's Age: _____	Genetic Condition: _____
# of Prior Visits by Telemedicine: _____ *Visit Type: Follow-up: FU; Diagnostic Consult: DC				