

UCSF Craniofacial Center Survey

Thank you for participating in this survey. The following questions ask about your child's most recent **video appointment** at the UCSF Craniofacial Center at Mission Bay. **Your responses will be kept anonymous.**

1. What type of video appointment did you most recently have at the UCSF Craniofacial Center?
 - a. New patient visit (first time seeing your provider)
 - b. Preoperative follow up visit (not first time seeing your provider, have not undergone surgery)
 - c. Postoperative follow up visit (less than 1 year since surgery)
 - d. Long term follow-up visit (over 1 year since surgery)

2. Please rate how much you agree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I was satisfied with my video appointment.	1	2	3	4	5
I felt comfortable using the video technology for this appointment.	1	2	3	4	5
I saved time by having this appointment over video, instead of in person.	1	2	3	4	5
I saved money by having this appointment over video, instead of in person.	1	2	3	4	5
Even before the COVID-19 pandemic, I would have preferred having this appointment over video instead of coming to the clinic in person.	1	2	3	4	5

3. If you saved **money** by having this appointment over video, instead of in person, **how many estimated dollars did you save?** This includes the cost to travel to the clinic, hotel fees, parking fees, etc. Please enter a dollar amount.

\$ _____

4. If you saved **time** by having this appointment over video, instead of in person, **how many estimated hours did you save?** This includes the time to travel to the clinic, time spent waiting at the clinic, etc. Please enter the number of hours.

_____ hours

5. If you have any other comments, please write them here:
