

Virtual Surgery for Pediatric Surgery

Please complete the survey below.

Thank you!

In reference to your appointment today, please provide estimates for the following questions:

Total miles traveled (round-trip):

- less than 20 miles
- 20-40 miles
- 40-60 miles
- 60-100 miles
- more than 100 miles

Time spent traveling (round-trip):

- less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 2-3 hours
- more than 3 hours

Cost of travel (round-trip):

- less than \$10
- \$10-20
- \$20-30
- \$30-50
- more than \$50

Additional costs related to today's visit (food, lodging, child care, etc.)

- less than \$10
- \$10-20
- \$20-30
- \$30-50
- more than \$50

How many visits with a surgeon has your child required in the last year? Please count any time that you had to visit the surgeon's office and/or the hospital as 1 visit.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Did you have to miss time from work to attend your child's doctor appointment today?

Yes No

Did another adult have to miss time from work in order for your child to attend his/her doctor's appointment today?

Yes No

Are you or another adult losing wages due to time missed for your child's doctor appointment today?

Yes No

Please provide the zip code for where you currently reside

Do you have access to a computer or tablet (iPad, Notebook, etc)?

Yes No

How often do you use your computer or tablet to do the following:

	Never	Monthly or Less	Weekly	Daily
Access the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent/Receive an Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upload a Photograph	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Video Chat (FaceTime, Viber, Skype, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search for Health Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have a cell phone? Yes No

How often do you use your cell phone to do the following:

	Never	Monthly or Less	Weekly	Daily
Access the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send/Receive an Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upload a Photograph	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Video Chat (FaceTime, Viber, Skype, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search for Health Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How comfortable do you feel you would be communicating about medical issues through the following:

	Extremely Uncomfortably	Uncomfortable	Not Sure	Comfortable	Extremely Comfortable
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Conferencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever heard of telemedicine? Yes No

Telemedicine is a secure way to share information with a physician without having to travel to his/her office. It would allow your primary care physician to send photos and other information to the surgeon securely, but would not include a physical exam or in-person encounter.

Would you feel comfortable communicating with your surgeon via any of the following:

	Yes	No	Not Sure
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How important are the following when considering your appointment with a surgeon:

	Very Unimportant	Somewhat Unimportant	Not Sure	Somewhat Important	Very Important
Minimizing Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimizing Time Spent on Travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting the Correct Diagnosis/Scheduling Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving Communication from the Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Able to Ask Questions Directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing the Surgeon In-Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How likely would you be to use telemedicine for the following types of appointments:

	Very Unlikely	Unlikely	Likely	Very Likely
Pre-Operative Visit (Before Scheduling Surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-Operative Visit (After Surgery is Performed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any comments/concerns regarding your thoughts on a Virtual Surgery Clinic:

Virtual Surgery for Pediatric Surgery

Telemedicine is a secure way to share information with a physician without having to travel to his/her office. It would allow your primary care physician to send photos and other information to the surgeon securely, but would not include a physical exam or in-person encounter.

Would you feel comfortable communication with your surgeon via the following:

	Yes	No	Not Sure
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How important are the following when considering your appointment with a surgeon:

	Very Unimportant	Somewhat Unimportant	Not Sure	Somewhat Important	Very Important
Getting the Correct Diagnosis/Scheduling Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving Communication from the Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimizing Time Spent on Travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimizing Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Able to Ask Questions Directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing the Surgeon In-Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Post-Operative Visit (After Surgery is Performed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any comments/concerns regarding your thoughts on a Virtual Surgery Clinic:

Health Literacy Survey

How often do you have someone help you read hospital materials?

- Always Often Sometimes Occasionally Never

How often do you have problems learning about your (child's) medical condition because of difficulty understanding written information?

- Always Often Sometimes Occasionally Never

How often do you have a problem understanding what is told to you about your (child's) medical condition?

- Always Often Sometimes Occasionally Never

How confident are you filling out medical forms by yourself?

- Not at All A Little Bit Somewhat Quite a Bit Extremely

Additional Information

What is your relationship to the patient?

- Parent or Legal Guardian
 - Patient
 - Other: Please Specify
-

What is your current age

- Less than 20 years old
 - 20-30 years old
 - 31-40 years old
 - 41-50 years old
 - 51 years or older
-

What is your current marital status?

- Married
 - Living with Partner
 - Divorced
 - Separated
 - Widowed
 - Never Been Married
 - Single
 - Refuse to Answer
-

What is your ethnicity?

- White
 - Black or African-American
 - Asian or Pacific Islander
 - Mixed race
 - Native American
 - Other: Please Specify
-

Is English the primary language spoken in your household?

- Yes
 - No
-

Please provide the primary language

What is the highest level of school you have completed or the highest degree you have received?

- Less Than a High School Diploma
 - High School/GED
 - 4-year College (Bachelor's Degree)
 - Some College
 - Master's Degree
 - Doctorate (PhD)
 - 2-year College (Associate's)
 - Professional (MD/JD)
-

What is your current employment status?

- Employed full-time
- Employed part-time
- Retired
- Not Employed For Pay
- Self-Employed
- Disabled
- Student
- Other: Please Specify

Which of the following types of health insurance is your child covered by?

- Private Insurance Through Employer
- Private Insurance Bought Yourself
- Medicaid
- Medicare
- No Insurance (Self-Pay)
- Any Other Source: Please Specify

What was your total family income before taxes last year?

- Less than \$10,000
- \$10,000 to \$20,000
- \$20,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$75,000
- \$75,000 to \$100,000
- \$100,000 to \$150,000
- \$150,000 or More
- Don't Know
- Refuse to Answer

How many adults currently live in your household, including yourself (18 years or older)?

- 1
- 2
- 3
- 4
- 5
- 6 or More

How many children live in your household (less than 18 years)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or More

How often do the children in your household visit any physician (in total)?

- Less Than Yearly
- Yearly
- 2-3 Times Per Year
- 4-5 Times Per Year
- 6-7 Times Per Year
- 8 or More Times Per Year

How many visits has your child had with a pediatric surgeon in the past year, including this one?

- 1
- 2
- 3
- 4
- 5
- 6 or More

Exit Survey

In your opinion, did you find today's appointment a valuable use of your time?

- Yes
- No
- Not Answered