

# Demographics

---

Record ID

---

MRN

---

Specialist Type Seen By Telehealth

- Adolescent Gynecology
- ENT
- General Pediatric Surgery (includes Burn and Colorectal)
- Neurosurgery
- Orthopedic Surgery
- Plastic Surgery
- Urology

---

Patient Name (first last)

---

---

Date of Birth

---

Gender

- Female    Male    Not Documented/ Reported

---

Race

- American Indian/Alaska Native
- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other
- Not Documented/ Not Reported

---

Other Race

---

---

Ethnicity

- Hispanic or Latino
- NOT Hispanic or Latino
- American
- Other
- Not Documented/Not Reported

---

Other Ethnicity

---

---

Zipcode

---

---

Insurance

- Medicaid
  - Private Insurance
  - Other
  - No Insurance
  - Not Documented/Not Reported
- 

Medicaid ID

---

Email

---

---

Appointment Completed?

- Yes
- No

# Patient Survey

Please complete the survey below.

Thank you!

**Please review before taking survey.**



**Study Title: Outcomes Related to the Use of Telemedicine for Surgery Patients**

**Principal Investigator:** Dr. Katherine Deans

**1. Introduction – Why are we doing this research study?**

We are conducting this study to better understand the impact of using video and phone appointments for evaluating surgical patients. This study includes completing one self-administered, 5-10-minute survey. In addition, we will review your (child's) chart over the next six months in order to see how using phone or video appointments compares to in-person appointments.

**2. Participation is voluntary.**

Participation in this study is voluntary and refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

**3. What are possible Risks/Discomforts?**

Every effort will be made ensure that your (child's) information remains secure, however, there is the risk of a potential loss of confidentiality. It is also possible that you could feel upset when answering questions, but it may be more likely that you find the questions or feedback process mundane. If you do find any of the questions upsetting or do not want to answer a question, you don't have to, and the study team will be available to discuss this with you further.

**4. What are potential Benefits?**

There are no direct benefits to participants in this study. However, possible benefits to others include improving quality of care in the future.

**5. How will my information be kept private?**

All responses will be entered directly into a secure research program and will only be accessed by trained research personnel.

**6. Is there any payment/compensation for participation?**

You will not be paid for participating in this research study.

**7. Who can I contact for additional information?**

If you have any questions regarding the study you may contact the Principal Investigator, Dr. Katherine Deans, at (614) 722-3066 or Research Assistant, Dr. Greg Metzger, at (614) 722-3881 or via email at Gregory.Metzger@nationwidechildrens.org. If you have questions, concerns, or complaints about the research; if you have questions about your rights as a research volunteer; if you cannot reach the Principal Investigator; or if you want to call someone else - please call (614) 722-2708, Nationwide Children's Hospital Institutional Review Board (IRB). The IRB is the committee that reviews all research involving human subjects at Nationwide Children's Hospital.

Information Sheet Template  
HRP-509 v.092215

What is your relationship to the patient?

- Parent or guardian  
 Grandparent  
 Foster parent  
 Patient  
 Other, please specify:

---

---

What is your current age?	<input type="radio"/> Less than 20 years <input type="radio"/> 20-30 years <input type="radio"/> 31-40 years <input type="radio"/> 41-50 years <input type="radio"/> 51 year or older
How did you interact with the provider during your child's appointment?	<input type="radio"/> Video <input type="radio"/> Telephone (audio only without video)
Did you experience any issues related to opening the application?	<input type="radio"/> Yes <input type="radio"/> No
Did you experience any issues related to checking in for your child's appointment?	<input type="radio"/> Yes <input type="radio"/> No
Did you experience any issues related to the quality of the video during your child's appointment?	<input type="radio"/> Yes <input type="radio"/> No
Did you experience any issues related to the quality of audio during your child's appointment?	<input type="radio"/> Yes <input type="radio"/> No
Did you experience any issues related to the internet connection during your child's appointment?	<input type="radio"/> Yes <input type="radio"/> No

**Regarding the care you received today please rate the following:**

	Poor	Fair	Good	Very Good	Excellent	Doesn't Apply
The courtesy and respect given by registration or nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The courtesy and respect given by the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provider's ability to diagnose problems and treat your child's condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information given by your provider about your child's illness and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coordination of your child's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How satisfied were you with the following:**

	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied	Not Applicable
How well the staff responded to your child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efforts to keep your child comfortable and as stress-free as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time spent attending to your child's emotional needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall care that your child received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to an in-person visit, the telemedicine appointment was:

- Less stressful for my child  
 More stressful for my child  
 Equally as stressful for my child  
 My child has never had an in-person visit

Compared to an in-person visit, the telemedicine appointment was:

- Less stressful for myself and my family  
 More stressful for myself and my family  
 Equally as stressful for myself and my family  
 My child has never had an in-person visit

Compared to the level of care received during an in-person visit, the level of care received during the telemedicine appointment was:

- Better  
 Equal  
 Worse  
 Not Sure  
 My child has never had an in-person visit

Following your appointment today, do you feel more confident using telemedicine (phone or video) for future appointments with your provider?

- Yes  
 No

If given the option, which type of appointment would you choose for future appointments with your provider?

- Video Appointment  
 Phone Appointment (audio without video)  
 In Person

The following two questions are completely optional and can be left blank if you choose.

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

- Less than high school diploma  
 High School/GED  
 Some college  
 2-year college (Associate's degree)  
 4-year college (Bachelor's degree)  
 Master's degree  
 Doctorate (PhD)  
 Professional (MD/JD)

---

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
- \$50,000 to \$75,000
- \$75,000 to \$100,000
- \$100,000 to \$150,000
- \$150,000 or more
- Don't know
- Decline to answer

---

Please provide any comments/questions you have regarding the use of telemedicine.

---



# Initial Appointment

---

Appointment type

- Phone  Video  Other

---

Describe other

---

---

Patient type

- New Patient  Returning (Follow-Up) Patient  Not Documented

---

Was the patient rescheduled from in-person appointment?

- Yes  No  Not Documented

---

Referral type

- Self  PCP  Other

---

Describe other

---

---

Surgical service

- General Surgery  Cardiothoracic surgery  Colorectal surgery  Dentistry  Gynecology  
 Neurosurgery  Otolaryngology  Orthopedic surgery  Plastic surgery  Urology

---

Chief complaint

---

---

Were tests ordered?

- Yes  No