

# Pediatric Cystic Fibrosis Questionnaire

1. What is the age of your child with CF?

*Mark only one oval.*

- Infant/toddler (0-3 years)
- 4-12 years of age
- Teenager (13-17 years old)
- Adult (18 years and older)

2. Where do you receive CF care?

*Mark only one oval.*

- Cincinnati Children's Hospital
- Boston Children's Hospital
- OHSU Doernbecher Children's Hospital
- UVA Children's Hospital
- WVU Children's
- Primary Children's Cystic Fibrosis Center
- CHOR at VCU
- Children's Medical Center of Dallas – Pediatrics

3. Have you ever used telemedicine visits before for your child's care?

*Mark only one oval.*

- Yes
- No

4. What care team members did you see during your telemedicine visit? (check as many as apply)

*Check all that apply.*

- Medical Doctor  
 Registered Nurse  
 Advanced Practice Provider (NP, PA)  
 Dietitian/Nutritionist  
 Social Worker  
 Mental Health Provider  
 Pharmacist  
 Respiratory Therapist  
 Physical Therapist

Other:  \_\_\_\_\_

5. During your visit, do you feel you and your child were able to see all the members of the care team you wished to?

*Mark only one oval.*

- Yes    *Skip to question 7*  
 No    *Skip to question 6*

6. Which member(s) of the care team would you have liked to have seen this visit?

\_\_\_\_\_

7. How satisfied were you with your overall treatment experience utilizing telemedicine services? 1-5 (1 is not satisfied at all, 3 is neutral, 5 is most satisfied)

*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How convenient was this visit for you? (1 is not convenient, 3 is neutral, 5 is very convenient)

*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How concerning was the lack of pulmonary function testing as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How concerning was the lack of vital signs (oxygen saturation measurement, heart rate, etc) and physical exam (provider listening to my chest) as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How concerning was the lack of throat or sputum culture testing as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How concerning was the lack of a weight measurement as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

Mark only one oval.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I feel that all of my issues and concerns were addressed during my child's telemedicine visit.

Mark only one oval.

- Yes  
 No

14. At your child's last telemedicine visit, do you feel you had adequate time to speak with the care team? (1 is strongly disagree, 5 is strongly agree)

Mark only one oval.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How did you access your child's telemedicine visit?

Mark only one oval.

- Cellphone/Smartphone - audio only  
 Cellphone/Smartphone  
 Computer/Laptop  
 Tablet/iPad

16. Did you experience difficulty logging onto the telemedicine visit?

*Mark only one oval.*

Yes

No

17. We see your child routinely throughout the year for CF care. If telemedicine visits were offered in the future, about how many visits would you prefer to be completed by telemedicine?

*Mark only one oval.*

None

Some visits

Most visits

All visits

18. If telemedicine visits were to be offered in the future, would you be interested in technology that might allow you to assess your child's lung function at home?

*Mark only one oval.*

Yes

No

19. For future telemedicine visits, would you prefer to have all providers on the video at the same time or have one to one conversation with each member of the CF Care team?

*Mark only one oval.*

- Prefer to meet all providers at same time
- Prefer to have one to one conversation with each member of CF Care team
- No preference

20. Is there anything the CF Care Team could do to make your telemedicine visit better?

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21. Please provide any additional comments (positive, negative, or challenges) you may have about your telemedicine visit.

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