

Record ID _____

Today's Date _____

Full Name _____

Clinician _____

We would like to ask you some questions about your visit today. Please note that these answers will not be shared with your provider except in anonymous, aggregated form.

Thinking about today's visit with your movement disorders doctor, how satisfactory was your doctor at each of the following?

	Very Good	Good	Neither Good Nor Poor	Poor	Very Poor	Doesn't Apply
Spent sufficient time with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about your symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining tests and treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with care and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking your problems seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, do you feel satisfied with today's visit? Yes No

BRIDGE is a web-based instrument / clinical dashboard that your doctor may have used in your visit today to discuss your symptoms. Yes No

Did your doctor use the BRIDGE tool in your visit today?

We would appreciate your feedback about BRIDGE.

Using BRIDGE was helpful for my visit, in terms of:

	Agree Strongly	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Disagree Strongly
Communicating with my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding my disease trajectory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding my clinician's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, a few questions about the data shown in BRIDGE:

I felt comfortable...

	Agree Strongly	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Disagree Strongly
Seeing my own data points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comparing my data with other patient's data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having my data used to inform decision making for other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With the level of privacy of my data included in the BRIDGE tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finally, please let us know:

What worked well for you?

What did NOT work well for you?

Would you want the opportunity to consult directly with a member of the BRIDGE research team?

Yes No