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Appendix 1. Patient questionnaire
Completing the survey is voluntary. All your information will be treated confidentially, in compliance with the BC Freedom of Information and Protection of Privacy Act. The information collected through this survey is solely for the purpose of program evaluation. Individual answers will only be shared with those who collect and send this survey to those who summarize the answers to all surveys. Your name nor the name of the person that you accompanied to this visit will not be recorded.

How did we do?

We’d like to know what you think about your visit today. Please help us by filling out this short survey. It should take less than 5 minutes to complete.

This survey is made up of two parts. Parents should complete part 1. Children are welcome to complete Part 2 by themselves or parents can help their child complete Part 2 as required.

After completing the survey, please return it to the person who showed you to your telehealth room.

<table>
<thead>
<tr>
<th>Part 1: To be completed by parent</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
<td><strong>Response</strong></td>
</tr>
</tbody>
</table>
| 1. Which age group best describes your child’s age? | □ Less than 1 year  
□ 1 to 4 years, 11 months  
□ 5 to 11 years, 11 months  
□ Over 12 years |
| 2. What is your postal code? | ______ ______ (Postal Code) |
| 3. This was my child’s first telehealth visit experience. | □ Yes  
□ No |
| 4. It was easier for my family to travel to the telehealth appointment instead of travelling to BC Children’s Hospital. | □ Much easier than traveling  
□ Somewhat easier than traveling  
□ About the same as traveling  
□ Not much easier than traveling  
□ More difficult than traveling |
| 5. If we had travelled to see the health care provider(s) we saw today in-person we would have had to travel ____ more time in each direction. | □ ______ hours and _____ minutes  
(ESTIMATE 1 DIRECTION ONLY) |
| 6. If we had travelled to see the health care provider(s) we saw today in-person instead of having a telehealth visit, I (parent) would have missed ___ more hours of work. | □ Parent 1: ________ (hours)  
□ Parent 2: ________ (hours) (if applicable)  
(COMPLETE/SELECT ALL THAT APPLY) |
| 7. If we had travelled to see the health care provider(s) we saw today in-person instead of having a telehealth visit my child would have missed _____more hours of school. | □ ______ hours |
| 8. If it was available, we would use telehealth again to see the doctor/nurse. | □ Strongly Agree  
□ Agree  
□ Maybe  
□ Disagree  
□ Strongly Disagree  
□ Don’t Know |
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### Part 2. To be completed by the child, with assistance from an adult, or by the parent for young children

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. I was at this telehealth visit on my own (without a parent or adult caregiver)</td>
<td>☐ Yes&lt;br&gt;☐ No</td>
</tr>
</tbody>
</table>

Please tick the response below that most closely matches your experience during this telehealth visit.

<table>
<thead>
<tr>
<th>During my telehealth visit:</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Not a lot of the time</th>
<th>I am not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. I could see the doctor/nurse clearly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I could hear the doctor/nurse clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I thought that the doctor/nurse could see me [and my family].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I thought that the doctor/nurse could hear me [and my family].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I felt comfortable in the room where the telehealth visit was held.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Our visit took place at (Hospital/Location Name):**  

**The type of visit was:**

☐ Preoperative Visit with Surgeon  
☐ Preoperative Visit with Anaesthesiologist  
☐ Post Operative Follow-up Visit with Surgeon  
☐ Metabolic or Biochemical Diseases  
☐ Neurology Visit  
☐ Endocrine/Diabetes Visit  
☐ Cardiology Visit  
☐ Gastro-intestinal Visit  
☐ Other: _________________________

**The date of our visit was:**  

Please give this completed survey to the person who showed you to the telehealth room.

For administrative use only: Please refer to the TEACC Telehealth Protocol for directions on receipt of completed surveys.

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