

Tourette Syndrome Association Family/Public Program Evaluation - Medical

**Date/Location
Speaker**

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/20XX

Program objectives -Participants will learn to:

- Identify the basic signs of TS and co-occurring conditions
- Describe medical and/or behavioral treatment options
- Locate support resources available through TSA
- Educate medical providers/teachers/employers and others about TS

Participants will receive:

- Information and support to address and help with a family issue (and decrease family burden)

1. Please indicate your relation to someone with Tourette Syndrome. Check all that apply.

- Self
 Parent
 Other relative
 Friend
 Teacher
 Service Provider

 General Interest in TS
 Other _____

2. What were your main reasons for coming today? Check all that apply.

- Need new information
 Meet other people with TS
 Newly Diagnosed
 Access to a specialist
 Other _____

3. How much of this content was new to you? Almost all _____ 75% _____ 50% _____ 25% _____ Almost none _____

4. Please rate your knowledge in the following areas, before and after participating in this program

Knowledge BEFORE today's program			Self-assessment of your knowledge related to:	Knowledge AFTER today's program		
None	Some	A lot		None	Some	A lot
1	2	3	Diagnosis/Recognition of TS	1	2	3
1	2	3	Common conditions that occur with TS	1	2	3
1	2	3	Medical Treatment Options	1	2	3
1	2	3	Behavioral Treatment options	1	2	3

5. Please rate the following statements

	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply
a. I plan to share the information I learned with my/my child's school					
b. I plan to share the information I learned with my/my child's healthcare provider					
c. I feel better able to cope with issues related to my/my child's TS					
d. I plan to use some of the information I learned to help with an individual or family need or concern					
e. The presenter communicated the content effectively					
f. Feedback (Q&A) I received during the activity was helpful					

6. Please rate the following statements before and after your participation in this program

BEFORE today's program			Rate the following statements:	AFTER today's program		
Don't know where to go	Can find some information	Know where to go	<i>I know where to go for more information</i>	Don't know where to go	Can find some information	Know where to go
No connection	Somewhat connected	Very connected	<i>I feel a sense of connection with other affected persons/families</i>	No connection	Somewhat connected	Very connected
Not prepared	Somewhat prepared	Very prepared	<i>I am prepared to educate others about TS</i>	Not prepared	Somewhat prepared	Very prepared
Very stressed	Somewhat stressed	No stress	<i>I feel stress related to one of more TS issues</i>	Very stressed	Somewhat stressed	No stress

Suggestions to improve this program: _____

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