

# Medical Resource Evaluation

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

This survey is in reference to the material/s you received from the Tourette Syndrome Association. The resources were developed through a partnership with the U.S. Centers for Disease Control and Prevention. Survey results will help us to assess the impact of the materials on your knowledge and patient care and better focus our outreach efforts. Thank you for your time.

Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D- 74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

## 1. Please indicate your profession.

Physician

Nurse Practitioner

Social Worker

Physician Assistant

Ph.D.

Counselor

Nurse

Psychologist

Occupational Therapist

Other (please specify)

## 2. Which medical resource did you use?

Other (please specify)

## 3. Do you have experience in managing patients with TS?

Yes

No

Comment:

## 4. Please rate your knowledge related to the following areas before and after using this resource.

	Knowledge Before	Knowledge After
Diagnosis/Recognition of TS	<input type="text" value="6"/>	<input type="text" value="6"/>
Co-occurring conditions	<input type="text" value="6"/>	<input type="text" value="6"/>
Treatment options	<input type="text" value="6"/>	<input type="text" value="6"/>
Patient/Family Education	<input type="text" value="6"/>	<input type="text" value="6"/>

## Medical Resource Evaluation

**5. Do you think that your skills in recognizing/diagnosing TS have improved, as a result of using this resource?**

Yes

No

Comment:

**6. Do you think that your skills in managing TS have improved, as a result of using the resource?**

Yes

No

Comment:

**7. Have you integrated the information learned into patient care?**

Yes

No

N/A at this time

If yes, please describe:

**8. Have you applied the knowledge gained as a result of using the resource?**

Yes

No

N/A at this time

Comment:

**9. Please rate the usefulness of the resource to your current practice.**

Very useful

Useful

Somewhat useful

Not at all useful