Tourette Syndrome Association Family/Public Program Evaluation - Medical

Form Approved

OMB No. 0920-XXXX

Exp. Date XX/XX/20XX

Date/Location

**Speaker**

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 know where to go for more information*** | Don’t know where to go | Can find some information | Know where to go |
| No connection | Somewhat connected | Very connected | ***I feel a sense of connection with other affected persons/families*** | No connection | Somewhat connected | Very connected |
| Not prepared | Somewhat prepared | Very prepared | ***I am prepared to educate others about TS*** | Not prepared | Somewhat prepared | Very prepared |
| Very stressed | Somewhat stressed | No stress | ***I feel stress related to one of more TS issues*** | Very stressed | Somewhat stressed | No stress |

Suggestions to improve this program:

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).