Tourette Syndrome Association Family/Public Program Evaluation - Medical Date/LocationForm Approximation - Medical

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

| | | | | <u> </u> | | | Exp. | Date XX | <u>/XX/20</u> XX | |
|---|-------------------|----------------|--------------------|--|----------------|---------------------------------|-------------------|-------------------|------------------|--|
| 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 indic | ate vour relatio | n to someone | with T | Courette Syndrome. Check all | that apply | V. | | | | |
| Self [| | Other relative | | | ervice Prov | | | | | |
| General | Interest in TS [| Other | | _ | | | | | | |
| 2. What were | vour main reas | ons for comin | g toda | y? Check all that apply. | | | | | | |
| | _ | | | | J | 4 | | 0.1 | | |
| | | | | with TS Newly Diagnose | | | • | | | |
| 3. How much o | of this content w | as new to you | ı? Alr | most all 75% 50%_ | 25% | Ď | Almost non | e | | |
| | | | ing are | as, before and after participa | ting in this | s progi | ram | | | |
| Knowledge BEFORE today's program Self-assessment of your knowledge | | | | | | Knowledge AFTER today's program | | | | |
| None Some A lot relate | | | | | None | | Some A lo | | | |
| 1 | 2 | | | osis/Recognition of TS | 10 | 1 | 2 | | 3 | |
| 1 | 2 | | | on conditions that occur with T | | | 2 | | 3 | |
| 1 | 2 2 | | | al Treatment Options ioral Treatment options | | 1 1 | | 2 3 3 | | |
| 1 | | 3 | Dellav | iorai Treatment options | | 1 | | | 3 | |
| 5. Please rate t | he following sta | tements | | | | | | | | |
| | | | | | 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 | | | | | | | | | | |
| | - | | - | after your participation in thi | is program | ' | ' | | 1 | |
| BEFORE today's program | | | Rate the following | AFTER today's program | | | | | | |
| | | | | statements: | | | , i d | | | |
| Don't know | Can find som | | here | I know where to go for | Don't kn | ow | Can find son | ne Kno | w where | |
| where to go | information | | | more information | where to | go | information to go | | | |
| No . | Somewhat | | | I feel a sense of | No | | Somewhat | | Very | |
| connection | connected | connec | ctea | connection with other | connection | | connected | CO | nnected | |
| Not | Somewhat | Ver | V7 | affected persons/families I am prepared to educate | Not prepa | red | Somewhat | | Very | |
| prepared | prepared | 3 | | others about TS | Not prepared | | prepared | | prepared | |
| Very | Somewhat | * * * | | I feel stress related to one | Very stressed | | Somewhat | _ | No stress | |
| stressed | stressed | | | of more TS issues | | | stressed | | | |
| | | • | | | | | | • | | |

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,

Suggestions to improve this program:

MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).