

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: _____

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