

Family 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 allow us to better understand and address your needs and allow for additional materials to be developed and disseminated. 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 relationship to a person with TS.

Self

Friend

General interest in TS

Parent

Teacher

Other relative

Service provider

Other (please specify):

2. Which resource did you use?

Other (please specify):

3. What were your main reasons for using this resource? Check all that apply.

Newly Diagnosed

Need updated/specific information

To help me educate others

Increase overall knowledge

Other (please specify):

4. How much of the content was new to you?

Almost all

75%

50%

25%

Almost none

Family Resource Evaluation

5. 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"/>
Common conditions that occur with TS	<input type="text" value="6"/>	<input type="text" value="6"/>
Medical treatment options	<input type="text" value="6"/>	<input type="text" value="6"/>
Behavioral treatment options	<input type="text" value="6"/>	<input type="text" value="6"/>
Impact of symptoms on school performance	<input type="text" value="6"/>	<input type="text" value="6"/>
Strategies to improve school performance	<input type="text" value="6"/>	<input type="text" value="6"/>

6. Please rate the following statements

	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply
I plan to use the information I learned to help with an individual or family need or concern	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>
I feel better able to cope with issues related to my/my child's TS	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>
I plan to share the information I learned with my/my child's school or health care provider	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>
I am better prepared to educate others about TS	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>	<input type="text" value="jn"/>

Comment:

7. Please provide any additional comments or suggestions of topics for TSA website or DVD programs that could benefit the TSA community