Paediatric Outpatients and the Internet Study Questionnaire

1. How old is your child?       .......years ........months

2. For what problem or condition is your child seeing the doctor today?


For each question, please tick the appropriate box.

3. How many times has your child been to this clinic before?
   First appointment ☐     Once before ☐     More than once before ☐

4. Have you heard of the internet?
   Yes ☐    No ☐    Don’t know ☐

5. Have you ever used the internet?
   Yes ☐    No ☐    Don’t know ☐

6. Do you have a home computer?
   Yes ☐    No ☐    Don’t know ☐

7. If yes, do you have internet access? (If no, go to question 8)
   Yes ☐    No ☐    Don’t know ☐

8. If no, do you have access to the internet somewhere else (for example, at friends, internet café, work) ? (Leave this question if you answered yes to question 6)
   Yes ☐    No ☐    Don’t know ☐

9. Have you used the internet in the past for medical information?
   Yes ☐    No ☐    Don’t know ☐

10. Do you think that doctors should suggest suitable internet sites where families could find relevant information about their child’s problem?
    Yes ☐    No ☐    Don’t know ☐

11. Has a health professional suggested that you look for information on your child’s problem on the internet?
    Yes ☐    No ☐    Don’t know ☐

12. Have you looked on the internet for information about the problem for which your child has come to clinic today?
    Yes ☐    No ☐    Don’t know ☐

If you answered no to question 12, you do not need to fill in any more of this questionnaire. Thank you for completing it so far. Please place it in the box provided.
If you answered yes to question 12, please continue with the questionnaire.
13. Did you look on the internet before consulting a doctor about your child’s problem?  
Yes ☐ No ☐ Don’t know ☐

14. What information did you look for on the internet? You can tick as many as you like.

- Possible diagnoses ☐
- Medical treatments available ☐
- Alternative treatments available ☐
- More information about a diagnosed condition ☐
- Long term outcome of the condition ☐
- Self help or patient support groups ☐
- Other families whose children have similar problems ☐
- Hospitals or doctors specialising in the condition ☐
- Other (please give details below)

…………………………………………………………………………………………

15. Did you find information which was useful to you?  
Yes ☐ No ☐ Don’t know ☐

16. Please tell us how the information has helped you and your child.

…………………………………………………………………………………………
…………………………………………………………………………………………

17. Would you use the internet again for health information?  
Yes ☐ No ☐ Don’t know ☐

18. Have you, or do you plan to, discuss the information you found with the doctor you see in clinic?  
Yes ☐ No ☐ Don’t know ☐

19. If no, why is that?

…………………………………………………………………………………………
…………………………………………………………………………………………

20. In the future we may wish to contact families who have used the internet to get more detail about the information they obtained. Would you be happy for us to contact you in this situation?  
Yes ☐ No ☐

If yes, please write your name, address and home telephone number below. This information will remain confidential.
If you have any other comments, please write them below.

…………………………………………………………………………………………
…………………………………………………………………………………………
Thank you for completing the questionnaire. Please put it in the box provided.
Dear Parent or Guardian

Many families find written information about their child’s medical condition very useful. Many people now have access to computers and are using them to obtain medical information which is available on the internet.

We would like to find out how many families whose children come to paediatric outpatients, are using the internet to gain information about their child’s problems. We would also like to know how useful they find that information and how they use it.

Whether or not you have used the internet, we will be very grateful if you would complete the attached questionnaire. It should not take more than 5 minutes to complete. The questionnaire is anonymous and confidential.

When you have filled it in, please place it in the box provided before leaving clinic. We don’t mind if you do not want to fill one in, but please put the unused questionnaire into the box when you leave clinic. If you have already completed one of these forms at an earlier clinic visit, you do not need to complete another, but please write that fact on the form and place in the box.

The results of the survey will be available from the study organisers listed below when the study is complete. Please note on your questionnaire, or on a separate piece of paper, if you would like to be sent a summary of the results.

Many thanks for your help.

Yours sincerely

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