



Patient/Family Questionnaire

Thank you for agreeing to participate in this study! Your responses will help us determine whether using a computerised tool during a consultation is useful to families. Please take 5 minutes to fill in this form. Remember, your answers will be kept confidential and will not be shared with your nurse or GP.

Contact details

Your child's first name: _____ Last name: _____

Your first name: _____ Last name: _____

Your flat/house number: _____

Street: _____

Postcode: _____

Telephone: _____ Email: _____

Background information about your child

Your child's age years months

Your child's height cm

Your child's weight kg

Your child's gender Girl

Your child's ethnicity

White

And now some questions about the care your child received today.

Please indicate whether you agree or disagree with the following statements.

	Disagree	Slightly disagree	Slightly agree	Agree
1. My child was asked questions, either directly or on a survey, about his/her health habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child was helped to set specific goals to improve his/her eating or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child was given a copy of his/her treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child and I were treated with care and concern by the nurse/GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child's care was well organised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have confidence and trust in the nurse/GP that I saw today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all satisfied	Slightly satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied
7. Overall, how satisfied are you with the consultation you had today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Useless	Somewhat useless	Somewhat useful	Very useful
8. How useful was it to receive personalised weight management feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do not answer this question if your child is younger than 11 years old: How useful was it to receive an estimate of your child's risk for medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not comfortable	Slightly uncomfortable	Comfortable	Very comfortable
10. How comfortable were you with being asked questions about your child's lifestyle and medical history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do not answer this question if your child is younger than 11 years old: How comfortable were you with being asked questions about whether your child has been teased or bullied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How comfortable were you with the computer-aided consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How comfortable was <u>your child</u> with the computer-aided consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>