ONLINE ONLY

Supplemental material

Outcomes of virtual craniofacial clinic for assessing plagiocephaly during the COVID-19 pandemic
Marianayagam et al.
https://thejns.org/doi/abs/10.3171/2021.4.PEDS20978

DISCLAIMER The Journal of Neurosurgery acknowledges that the following section is published verbatim as submitted by the authors and did not go through either the Journal’s peer-review or editing process.
Live Visit Survey

Survey ID ____________________________________________

Thank you for participating in the Weill Cornell Plagiocephaly Clinic!
Please take a few moments to fill out our brief questionnaire. Your answers are being used for research purposes. Your identity and answers will be kept confidential and anonymous.
If you have any questions regarding the content of this survey please feel free to call our office at 212-746-1274. Thank you for your time!

How much do you currently know about plagiocephaly?
○ Nothing at all
○ I've heard of it
○ Some familiarity
○ I know a lot

Did you do research on plagiocephaly before coming in today?
○ Yes
○ No

If so, where did you get your information?
__________________________________________

On a scale from 1-10 (1 = No Concern, 10 = Extremely Concerned), what was your level of concern, prior to the visit, regarding your child's diagnosis?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

What diagnosis did your referring provider give your child specifically?
(Ex. Deformational plagiocephaly, Positional plagiocephaly, Occipital plagiocephaly, Craniosynostosis)
__________________________________________

In your own words, what was your understanding of plagiocephaly, prior to your visit?
__________________________________________

Has your child been seen previously for plagiocephaly?
○ Yes
○ No

If yes, which doctor?
__________________________________________

How old was the child at this time?
(Indicate their age in months.)
__________________________________________

What were the recommendations/treatment?
__________________________________________

Are you happy with the results?
○ Yes
○ No

How did you hear about our Virtual Plagiocephaly Clinic?
(Ex. WCM Website, Referring MD, Web search, etc.)
__________________________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child your first-born?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was your child premature?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child a twin?</td>
<td></td>
<td></td>
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<tr>
<td>Was your child diagnosed with torticollis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was your child admitted to the Neonatal Intensive Care Unit (NICU)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please list any other medical conditions your child may have:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any concerns about your child meeting their developmental milestones?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which developmental milestones are you concerned about?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does any member of your family have either plagiocephaly or craniosynostosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please state their diagnosis and their relationship to the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your current zip code?</td>
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Confidential
Live Visit Post Survey

Survey ID

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Do you feel you know more about plagiocephaly after your virtual clinic visit compared to before?  
○ Yes
○ No

On a scale of 1-10 (1 = No Concern, 10 = Extremely Concerned), what is your level of concern, after your virtual clinic visit, regarding your child’s diagnosis?
  ○ 1
  ○ 2
  ○ 3
  ○ 4
  ○ 5
  ○ 6
  ○ 7
  ○ 8
  ○ 9
  ○ 10

What is your overall satisfaction with your visit?
  ○ Very Satisfied
  ○ Satisfied
  ○ Neutral
  ○ Dissatisfied
  ○ Very Dissatisfied

How likely are you to recommend this clinic to a family member?
  ○ Very Likely
  ○ Likely
  ○ neutral
  ○ Unlikely
  ○ Very Unlikely

How likely are you to follow the recommendations from your clinic visit?
  ○ Very Likely
  ○ Somewhat Likely
  ○ Neutral
  ○ Unlikely
  ○ Very Unlikely

What are things we could improve on?

__________________________________

Please leave any additional comments.

__________________________________
Virtual Visit Survey

Survey ID

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How much do you currently know about plagiocephaly?

- Nothing at all
- I’ve heard of it
- Some familiarity
- I know a lot

Did you do research on plagiocephaly before coming in today?

- Yes
- No

If so, where did you get your information?

On a scale from 1-10 (1 = No Concern, 10 = Extremely Concerned), what was your level of concern, prior to the visit, regarding your child’s diagnosis?

1 2 3 4 5 6 7 8 9 10

What diagnosis did your referring provider give your child specifically? (I.e. deformational plagiocephaly, positional plagiocephaly, occipital plagiocephaly, craniosynostosis)

In your own words, what was your understanding of plagiocephaly, prior to your visit?

Has your child been seen previously for plagiocephaly?

- Yes
- No

If yes, which doctor?

How old was the child at this time?

(Indicate their age in months.)

What were the recommendations/treatment?

Are you happy with the results?

- Yes
- No

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</tr>
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Please list any other medical conditions your child may have: ______________________________

Do you have any concerns about your child meeting their developmental milestones? ☐ Yes ☐ No

Which developmental milestones are you concerned about? ______________________________

Does any member of your family have either plagiocephaly or craniosynostosis? ☐ Yes ☐ No

Please state their diagnosis and their relationship to the patient. ☐ Yes ☐ No

What is your current zip code? ______________________________

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