

UCLA Neurosurgery 360VR Research Survey

Please feel free to not answer any questions you are not comfortable answering. Your answers are anonymous and confidential. Thank you for your participation.

General information

With which gender do you identify?

Female

Male

How young are you?

0-20

20-40

40-60

60+

What is your race/ethnicity?

Asian/ Hawaiian/ Pacific Islander

Black/ African-American

Hispanic/ Latino

White/ Caucasian

What is the highest level of education you completed?

- Earlier than high school
- High school diploma
- College degree or more

What type of insurance do you have?

- Out-of-pocket
- PPO/ HMO
- Medicare
- Medicaid/ MediCal

For what type of problem did you see your neurosurgeon today?

- Aneurysm/AVM/Cavernous malformation/Moyamoya/Other vascular pathology
- Epilepsy/Seizures/Other functional pathology
- Hemifacial spasm/Trigeminal neuralgia/Other nerve compression pathology
- Tumor/Other mass
- Other: _____

Questions about your prior medical care

How many neurosurgical consultations have you had in the past year?

- 0-2
- 3-5
- More than 5

Prior to this visit, how satisfied were you with your care?

	1	2	3	4	5	
Very dissatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very satisfied

Prior to this visit, how well did your physicians explain your medical condition?

	1	2	3	4	5	
Not at all clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very clearly

Questions about your experience using 360VR

Experiencing 360VR images helped improve my understanding of my medical condition

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

Experiencing 360VR images helped improve my comfort level with my proposed management option

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

How would you rate the value of seeing your images using 360VR to you?

	1	2	3	4	5	6	7	8	9	10	
No value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly valueable

Questions about your care today

My neurosurgeon explained my medical condition well today

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

My surgeon and I thoroughly weighed the different management options today

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

My surgeon and I selected a management option together

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

How satisfied are you with your neurosurgery consultation today?

	1	2	3	4	5	
Very dissatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very satisfied

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