**JPED-D-20-00081 – Supplemental Material**

**Appendix 1 - Satisfaction Questionnaire.**

**Teleconsultation Assessment**

**The questions below are about your impression of the service provided.**

**We appreciate your participation, and we are available for any questions or future assistance.**

**The responses are anonymous and aim to assess patient satisfaction and safety when using telemedicine.**

**1. Email address:**

**2. What is your relationship with the patient?**

**3. How long has he/she been in our service?**

**4. Are you satisfied with the service?**

Choose a value from 1 to 5

**Not satisfied 1 2 3 4 5 Totally satisfied**

**5. If you chose a score of 4 or 5 in the previous question, please describe what you liked about the consultation.**

**6. If you chose a score of 1 or 2, please describe what you did not like about the consultation.**

**7. How easy it was to access the system? \***

Choose a value from 1 to 5

**It was very difficult to access the system 1 2 3 4 5 It was very easy to access the system**

**8. What was your biggest difficulty when accessing the system?**

Using the application

Contacting the Reception

Contacting the Doctor

Connection

No difficulty

Other

**9. How long did it take to speak with the doctor?**

<30 minutes

Between 30 minutes and 1 hour

More than 1 hour

**10. Have your questions been resolved?**

Choose a value from 1 to 5

None of my issues have been resolved **1 2 3 4 5** All my issues have been resolved),

**11. How well do you understand what you need to do for your child to improve from this acute illness?**

Choose a value from 1 to 5

I do not understand what I need to do **1 2 3 4 5** I definitely understand what I need to do

**12. How comfortable were you during the consultation?**

Choose a value from 1 to 5

Not comfortable **1 2 3 4 5**  Completely comfortable

**13. How would you describe the doctor's level of attention during care?**

Choose a value from 1 to 5

Not attentive **1 2 3 4 5**  Very attentive

**14. How old are you? (question directed to parent/guardian of the patient)**

18 to 30 years

31 to 40 years

41 to 50 years

Over 50 years

**15. What is your education level? (question directed to parent/guardian of the patient)**

I do not have formal education

Incomplete primary education

Complete primary education

Incomplete secondary education

Complete secondary education

Incomplete higher education (College)

Complete higher education (College)

**16. Would you use telemedicine again?**

Choose a value from 1 to 5

I would not use telemedicine again **1 2 3 4 5**  I would definitely use telemedicine again

**17. Would you recommend the service to an acquaintance? \***

Choose a value from 1 to 5

I would not recommend **1 2 3 4 5**  I would definitely recommend

**Appendix 2 - Form delivered to guardians/parents with step-by-step instructions for reassessment.**

Follow-up through teleconsultation in 5 steps

Step 1

Provide your phone number and correct email address to the doctor who provided the in-person care.

Step 2

The patient will be seen through the Google Hangouts app! Make sure to download this application on your phone.

Step 3

On the date of the consultation, send a message by WhatsApp to the number (11) 99426-3680, providing the patient's name.

Step 4

You will receive a link to begin the teleconsultation.

\*Make sure to stay in a quiet place, with no noises around and with a good internet signal.

Step 5

At the end of the teleconsultation, you will receive an email with a survey and instructions on how to evaluate the service.

The teleconsultation will be on \_\_ / \_\_. Contact us on that date!

**Appendix 3 – PATMHO Severity Score.**

|  |  |
| --- | --- |
| **CLINICAL PARAMETERS** | **SCORE** |
| **Risk factor** |
| No risk factors  | 0 |
| With risk factorsHeart diseaseChronic lung diseaseDiabetesImmunosuppressionChronic kidney diseaseChronic liver diseaseArterial hypertensionObesity | 2 |
| **COVID-19** |
| Absent | 0 |
| Present  · Patient with COVID-19 · Patient in contact with any person with COVID-19 | 1 |
| **Assessment of conscience** |
| Normal | 0 |
| Irritability but consolable | 1 |
| Irritability and inconsolable | 3 |
| Drowsiness or numbness | 5 |
| **Respiratory assessment** |
| Normal | 0 |
| Tachypnea | 3 |
| Bradypnea | 5 |
| Abnormal breathing sounds | 3 |
| Abnormal airway positioning | 5 |
| Chest retractions or nasal flap | 3 |
| **Circulatory assessment** |
| Normal | 0 |
| Peripheral perfusion ≥ 3 seconds | 3 |
| Skin: pale | 1 |
| Skin: mottled or cyanotic | 5 |
| **Potential risk of urgency** |
| Absent | 0 |
| Present | 3 |