

**Appendix 1 Patient survey**

Age	_____ years		
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary
Home address location	<input type="checkbox"/> Sydney City <input type="checkbox"/> Regional NSW <input type="checkbox"/> Interstate	<input type="checkbox"/> Greater Sydney <input type="checkbox"/> Rural NSW <input type="checkbox"/> International	
Visit Type	<input type="checkbox"/> Initial Visit	<input type="checkbox"/> Follow-up	
Format of the clinic you attended	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person <input type="checkbox"/> Both		
Date of clinic(s) attended	<i>[please enter response here]</i>		
(If virtual) Estimated time from the moment you logged in, until the appointment finished?	<input type="checkbox"/> 5 – 15 minutes <input type="checkbox"/> 30 – 45 minutes <input type="checkbox"/> >60 minutes	<input type="checkbox"/> 15 – 30 minutes <input type="checkbox"/> 45 – 60 minutes	
Estimated time it would/did take to make a round-trip to the clinic and commute home	<input type="checkbox"/> 0 - 1 hour <input type="checkbox"/> 2 - 3 hours <input type="checkbox"/> >6 hours	<input type="checkbox"/> 1 – 2 hours <input type="checkbox"/> 4 – 5 hours	
In future, would you prefer to attend a clinic in-person or virtually?	<input type="checkbox"/> In-person	<input type="checkbox"/> Virtually	<input type="checkbox"/> No preference

PLEASE TICK YOUR RESPONSE TO THE FOLLOWING QUESTIONS BASED ON THE LIKERT SCALE PROVIDED

Please rate the following and tick <u>ONE</u> box only	5 - Excellent	4 - Good	3 - Neutral	2 - Poor	1 - Very poor
Ability to show your facial nerve concerns clearly to the clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well you think the clinicians understood your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to engage with the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well your concerns and questions were addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied were you with the proposed management plan made in the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the convenience for attending the clinic (in person or virtually)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with the format of your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(OPTIONAL) Please provide any additional feedback on your visit with the Sydney Facial Nerve Service

---



---



---

## Appendix 2 Clinician survey

Position within the Sydney Facial Nerve Service	<input type="checkbox"/> Surgeon			<input type="checkbox"/> Allied Health
	<input type="checkbox"/> Other (please specify): _____			
How many virtual clinics have you attended?	<input type="checkbox"/> 0	<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-5	<input type="checkbox"/> >5
What is your preference for clinics moving forwards?	<input type="checkbox"/> Total virtual	<input type="checkbox"/> Hybrid clinics	<input type="checkbox"/> In-person	

Please rate the following for the virtual format:	5 - Excellent	4 - Good	3 - Neutral	2 - Poor	1 - Very poor
Ability to see the patient's facial function in the virtual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand the patient's concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to engage with the clinic through the virtual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to answer questions and concerns from the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction in generating a management plan in the virtual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with the virtual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>