

APPENDIX 1

Thank you for agreeing to take part in this study. Please complete the survey below:

1. What gender do you identify with
 - Male
 - Female
 - Other
 - Prefer not to say

2. What is your average annual household income? (exclusive to parent survey)
 - Less than \$20,000
 - \$20,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - \$100,000 to \$149,999
 - \$150,000 to \$199,999
 - More than \$200,000
 - Prefer not to say

3. What is your highest level of education? (exclusive to parent survey)
 - Some high school
 - High school graduate or equivalent
 - Bachelor's degree
 - Master's degree
 - Doctoral degree
 - College diploma
 - Professional degree
 - Prefer not to say

4. How many male children do you have (exclusive to parent survey)
5. How many female children do you have (exclusive to parent survey)

6. Where do you typically go for health information? Pick the 3 most important:
 - Family doctor
 - Pediatrician/specialist
 - Internet
 - Friends
 - Family

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- Information brochures or pamphlets
 - TV
 - Newspaper/Magazine
 - Other
 - None of these apply to me. I don't look, or haven't looked, for health information
7. What internet sources or apps have you used for health information?
- Facebook
 - Instagram
 - Snapchat
 - Tik Tok
 - Search engine (Google, Bing)
 - Wikipedia
 - WebMD or similar
 - Other
8. Rank how comfortable you would be searching for testicular (ball) health information on social media apps, with 1 being very uncomfortable and 5 being very comfortable?
- 1
 - 2
 - 3
 - 4
 - 5
9. What internet source would you be most comfortable accessing testicular (ball) health information with?
- Facebook
 - Instagram
 - Snapchat
 - Tik Tok
 - Search engine (Google, Bing)
 - Wikipedia
 - WebMD or similar
 - Other
- 10. Have you ever heard of the term "torsion" or "twisting" of the testicle, prior to your initial visit?**
- **No**
 - **Yes**

11. Where have you heard about it before? Select the three most applicable:

- Friends (including at school)
- Health class at school
- Medical professional (Doctor or nurse)
- Family
- Internet search
- Social media
- Pamphlet
- Other

APPENDIX 2 (Patient Version)

1. Did you visit the hospital via the Emergency Department? (Y/N)
2. How bad was the pain you were having before coming to the emergency department? (on a scale of 1-10, with 10 being the worst pain you've ever experienced in your life)
3. Have you ever experienced pain like this before ?
4. Before coming to the hospital, how concerned were you about the pain?
5. How long (in hours) did you have the pain before you told someone about it (for example: if 30 minutes, enter 0.5)?
6. How long (in hours) did you have the pain before going to the Emergency Department (for example: if 30 minutes, enter 0.5)?
7. Please list the symptoms you were experiencing (check all that apply):
 - Testicle (ball) pain
 - Abdominal (belly) pain
 - Scrotal (sac) swelling
 - Nausea
 - Vomiting
 - Scrotal (sac) or abdominal (belly) redness
 - Fever and/or chills
 - Decreased appetite
 - Fatigue
 - Constipation
 - Diarrhea

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- Pain with peeing, feeling an urge to pee, peeing accidents, or peeing more often than usual
 - Other
8. Was there anything that kept you from coming to the hospital sooner?
- Nothing, I came as soon as I had symptoms
 - I thought it would get better by itself
 - I didn't want to bother anyone
 - I was embarrassed or wanted to keep it private
 - I couldn't get there (no one to drive me)
 - I was at school or other activity
 - Other

APPENDIX 2 (Parent Version)

1. Did you visit the hospital via the Emergency Department? (Y/N)
2. To your knowledge, have any of your children had scrotal pain before the recent episode? (Y/N)
3. Have you ever experienced pain like this before ?
4. How long (in hours) did your child have the pain before they told someone about it (for example: if 30 minutes, enter 0.5)?
5. Beginning at the time of notifying someone of the pain, how much time (in hours) passed until your child arrived at the Emergency Department? Please include travel time (for example: if 30 minutes, enter 0.5)
6. Please list the symptoms your child was experiencing (check all that apply):
 - Testicle (ball) pain
 - Abdominal (belly) pain
 - Scrotal (sac) swelling
 - Nausea
 - Vomiting
 - Scrotal (sac) or abdominal (belly) redness
 - Fever and/or chills
 - Decreased appetite

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- Fatigue
- Constipation
- Diarrhea
- Pain with peeing, feeling an urge to pee, peeing accidents, or peeing more often than usual
- Other