

Telemedicine Program Satisfaction Survey
PATIENT: REAL-TIME CONSULTATION

Name (OPTIONAL) _____ Date _____ Site _____

Instructions:

Please rate the following on a scale of 1 to 6 where 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = agree, and 6 =strongly agree. Additional comments are appreciated. Thank you for your time.

Survey

	Disagree					Agree
	1	2	3	4	5	6
1. I could see the doctor clearly during the telemedicine visit.	1	2	3	4	5	6
2. I had no trouble hearing the doctor when he/she spoke to me.	1	2	3	4	5	6
3. I was able to speak freely with the doctor and ask questions.	1	2	3	4	5	6
4. The doctor was able to ask me questions.	1	2	3	4	5	6
5. The doctor seemed to understand my problem.	1	2	3	4	5	6
6. I was comfortable with and understood what the doctor told me about my complaint.	1	2	3	4	5	6
7. The camera and other equipment embarrassed me or made me feel uncomfortable	1	2	3	4	5	6
8. A telemedicine visit makes receiving care more accessible (i.e., I don't have to drive as far, I can get the appointment more easily).	1	2	3	4	5	6
9. I would prefer a telemedicine visit now rather than waiting for a face-to-face appointment with the same doctor.	1	2	3	4	5	6
10. I would have traveled to another city to see a specialist if I had not used telemedicine.	1	2	3	4	5	6
11. Traveling to another hospital would cut into my work or school time.	1	2	3	4	5	6
12. Traveling would affect my wages for that time.	1	2	3	4	5	6
13. I would experiences other inconveniences in traveling (i.e. travel arrangements, family, work, etc.)	1	2	3	4	5	6
14. I would prefer a face-to-face visit with the specialist rather than a teleconsultation with a specialist.	1	2	3	4	5	6
15. This telemedicine visit was as good as face-to-face encounter.	1	2	3	4	5	6
16. Overall, I am satisfied with telemedicine.	1	2	3	4	5	6

Additional Comments: