

Telemedicine Program Satisfaction Survey
REFERRING HEALTH CARE PROVIDER: REAL-TIME CONSULTATION

Name _____ Date _____ Specialty _____

Patient Name _____ 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. The quality of the image (focus, visual resolution, magnification) was acceptable.	1	2	3	4	5	6
2. The quality of the audio was acceptable.	1	2	3	4	5	6
3. The consultant's inability to touch the patient seemed to impair diagnosis.	1	2	3	4	5	6
4. The telemedicine clinical exam appeared to provide sufficient information.	1	2	3	4	5	6
5. The consultant seemed to understand the problem.	1	2	3	4	5	6
6. I am confident in the consultant's diagnosis/advice.	1	2	3	4	5	6
7. The consult changed my diagnosis and treatment in this case.	1	2	3	4	5	6
8. I could communicate adequately with the consultant.	1	2	3	4	5	6
9. The consultant seemed to communicate well with the patient.	1	2	3	4	5	6
10. The patient seemed comfortable and able to communicate well with the consultant.	1	2	3	4	5	6
11. The technology (the normal operation of the instrument rather than any problems encountered) distracted me from the consultation.	1	2	3	4	5	6
12. Technical difficulties made this process too time-consuming.	1	2	3	4	5	6
13. Overall, the system was easy to use.	1	2	3	4	5	6
14. Using telemedicine takes longer than face-to-face consult.	1	2	3	4	5	6
15. Telemedicine improves clinical efficiency.	1	2	3	4	5	6

Additional Comments: