

Patient Satisfaction

Site:
Patient:
Primary Provider:
Visit Date:
Telemedicine Consultant:

Please agree or disagree with each of the following aspects of your telemedicine session today. Circle the one answer that best corresponds to your opinion

- | | Strongly
Disagree | ← | → | Strongly
Agree |
|--|----------------------|---|---|-------------------|
| 1. I was able to communicate adequately with the specialist. | 1 | 2 | 3 | 4 |
| 2. I was comfortable that the specialist was able to understand what was bothering me today. | 1 | 2 | 3 | 4 |
| 3. The physical exam was embarrassing to me because it was done on television and not in person. | 1 | 2 | 3 | 4 |
| 4. The physical exam would have been embarrassing to me even if it had not been on television. | 1 | 2 | 3 | 4 |
| 5. I had difficulty hearing the specialist over the telemedicine system. | 1 | 2 | 3 | 4 |
| 6. I had difficulty seeing the specialist over the telemedicine system. | 1 | 2 | 3 | 4 |
| 7. I was satisfied with the quality of the consult provided. | 1 | 2 | 3 | 4 |
| 8. I was able to get the consult appointment in a timely manner. | 1 | 2 | 3 | 4 |
| 9. Telemedicine made it easier to get medical care today. | 1 | 2 | 3 | 4 |
| 10. I would have gotten better care if I had seen the specialist in person. | 1 | 2 | 3 | 4 |
| 11. The next time I would prefer to see the specialist in person despite the possible inconvenience. | 1 | 2 | 3 | 4 |
| 12. Overall, I was very satisfied with today's telemedicine session. | 1 | 2 | 3 | 4 |

12a. If not satisfied (1 or 2 above) why not? _____

Thank you for your assistance.