Telemedicine Interest Survey

Telemedicine is the remote delivery of health care services using telecommunication technology such as Ipads, Iphones, tablets and computers. For specific medical complaints, at site appointments can be replaced by video appointments between you and your provider over electronic devices.

1. Gender
   *Mark only one oval.*
   - [ ] Male
   - [ ] Female
   - [ ] Other

2. What is your age
   *Mark only one oval.*
   - [ ] 18-29
   - [ ] 30-39
   - [ ] 40-49
   - [ ] 50-64
   - [ ] 65+

3. Are you being seen today for any of the following: seasonal allergies, cold symptoms, rash, diarrhea, pink eye, skin infections/insect bite, depression/anxiety/Attention Deficit Disorder (ADD), urinary tract infection?
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No

4. Where you aware telemedicine is an option currently being offered by this office?
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No

5. How interested are you in using telemedicine?
   *Mark only one oval per row.*
   
<table>
<thead>
<tr>
<th>Not at all interested</th>
<th>Minimally interested</th>
<th>Moderately interested</th>
<th>Very interested</th>
<th>Extremely interested</th>
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6. **If you are interested in using telemedicine, why are you interested?**
   *Check all that apply.*
   - [ ] No travel required
   - [ ] Quick access to care
   - [ ] Shorter wait time
   - [ ] Ease of use
   - [ ] Reduced costs (compared to those associated with an office visit: transportation, time off from work, etc...)
   - [ ] High quality of care
   - [ ] Other

7. **What are your biggest concerns considering the use of telemedicine?**
   *Check all that apply.*
   - [ ] No in-person interaction with a provider
   - [ ] Use of technology
   - [ ] Lack of physical exam
   - [ ] Quality of care
   - [ ] Security / Privacy
   - [ ] Insurance coverage
   - [ ] Cost
   - [ ] Other

8. **Would you consider using telemedicine if:**
   *Mark only one oval.*
   - [ ] The co-pay was $20 (equivalent to current office visit co-pay)
   - [ ] The co-pay was $50

9. **Do you have access to a computer with a camera, Ipad, tablet, or smartphone?**
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No

10. **Is there any additional information you would want to know before considering the use of telemedicine?**