

Telemedicine Appointment Feedback

1. Why did you decide to use telemedicine?

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 _____

2. Based on your telemedicine experience, how would you rate the following factors listed below:

Mark only one oval per row.

	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
Ease of setting up appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of using the telemedicine technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of visual image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the audio sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to converse with provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of what is being done for your medical condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met your medical care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of care provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Which do you prefer?

Mark only one oval.

- Telemedicine
- Provider appointment on site
- A combination of both to fit my medical needs

4. **Will you consider using telemedicine again in the future?**

Mark only one oval.

Yes

No. If no, why? _____

5. **Do you have any suggestions for improving future telemedicine appointments?**

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