

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

Additional Comments: