

Telemedicine Program Satisfaction Survey
PATIENT: STORE-FORWARD CONSULTATION

Name (OPTIONAL) _____ Date _____ 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.

<u>Survey</u>	Disagree						Agree					
1. My problem was satisfactorily addressed.	1	2	3	4	5	6	1	2	3	4	5	6
2. I was able to obtain satisfactory information about my problem from the health care providers.	1	2	3	4	5	6	1	2	3	4	5	6
3. I was comfortable with having records of my exams sent to the specialist.	1	2	3	4	5	6	1	2	3	4	5	6
4. I would feel more comfortable with a face-to-face visit with the specialist.	1	2	3	4	5	6	1	2	3	4	5	6
5. A telediagnosis makes receiving care more accessible (i.e., I didn't have to wait as long for my results or didn't have to travel as far).	1	2	3	4	5	6	1	2	3	4	5	6
6. I would have traveled to another city to see a specialist if I had not used telemedicine.	1	2	3	4	5	6	1	2	3	4	5	6
7. How long would you have to travel to see a consultant?	_____ hours											
8. Traveling to another hospital would cut into my work or school time.	1	2	3	4	5	6	1	2	3	4	5	6
9. Traveling would affect my wages for that time.	1	2	3	4	5	6	1	2	3	4	5	6
10. I would experience other inconveniences in traveling (i.e., travel arrangements, family, work, etc.).	1	2	3	4	5	6	1	2	3	4	5	6
11. Overall, I am satisfied with telemedicine.	1	2	3	4	5	6	1	2	3	4	5	6

Additional Comments: