

Telemedicine Program Satisfaction Survey
CONSULTING HEALTH CARE PROVIDER: REAL-TIME CONSULTATION



Name _____ Date _____ Specialty _____

Patient name: _____

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. The quality of the image (focus, visual resolution, magnification) was acceptable.	1	2	3	4	5	6
2. The quality of the audio was acceptable.	1	2	3	4	5	6
3. If applicable, the quality of the radiograph image was acceptable.	1	2	3	4	5	6
4. The affected area was sufficiently visible/accessible. (If not, please specify which areas were problematic.)	1	2	3	4	5	6
5. I could accurately assess audible symptoms.	1	2	3	4	5	6
6. The inability to touch the patient impaired diagnosis.	1	2	3	4	5	6
7. The telemedicine clinical exam provided sufficient information.	1	2	3	4	5	6
8. I am confident in my diagnosis.	1	2	3	4	5	6
9. The technology (the normal operation of the instrument rather than any problems encountered) distracted me from the consultation.	1	2	3	4	5	6
10. Technical difficulties made this process too time-consuming.	1	2	3	4	5	6
11. Overall, the system was accessible and easy to use.	1	2	3	4	5	6
12. Using telemedicine takes longer than a face-to-face consult.	1	2	3	4	5	6
13. Telemedicine improves clinical efficiency.	1	2	3	4	5	6
14. My communication with the patient and referring health provider was unimpaired by telemedicine.	1	2	3	4	5	6
15. I was unable to observe details of the patient's facial expression and body movements that would have been important in connecting with him/her.	1	2	3	4	5	6
16. The doctor-patient rapport was unimpaired by the use of telemedicine.	1	2	3	4	5	6
17. I would have preferred to see this patient in person.	1	2	3	4	5	6

Additional Comments: