

Telemedicine Program Satisfaction Survey
REFERRING HEALTH CARE PROVIDER: STORE-FORWARD 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.

<u>Survey</u>	Disagree						Agree					
1. I could communicate adequately with the consultant.	1	2	3	4	5	6	1	2	3	4	5	6
2. I feel I was able to provide sufficient information for the consultant to diagnose this problem.	1	2	3	4	5	6	1	2	3	4	5	6
3. The consultant seemed to understand the problem.	1	2	3	4	5	6	1	2	3	4	5	6
4. The consultant changed my diagnosis or treatment on this case.	1	2	3	4	5	6	1	2	3	4	5	6
5. The process of image selection was too time-consuming.	1	2	3	4	5	6	1	2	3	4	5	6
6. Technical difficulties made this process too time-consuming told me about my complaint.	1	2	3	4	5	6	1	2	3	4	5	6
7. Overall the system was easy to use.	1	2	3	4	5	6	1	2	3	4	5	6
8. If applicable, telemedicine takes longer than mailing glass slides, radiographs, or other materials to the practitioner.	1	2	3	4	5	6	1	2	3	4	5	6
9. Telemedicine improves clinical efficiency.	1	2	3	4	5	6	1	2	3	4	5	6
10. I would prefer a face-to-face visit with the specialist rather than a teleconsultation with a specialist.	1	2	3	4	5	6	1	2	3	4	5	6
11. This telemedicine visit was as good as a face-to-face encounter.	1	2	3	4	5	6	1	2	3	4	5	6
12. Overall, I am satisfied with telemedicine.	1	2	3	4	5	6	1	2	3	4	5	6

Additional Comments: