TELEHEALTH QUESTIONNAIRE

Reason for visit ____________________________

How far would you have had to travel to reach the West Haven VA? ____________________________

How far did you travel to reach the site for your teleconference appointment? ____________________________

Did you need to take time off from work for this appointment? Yes No

Did a friend or family member have to take time off to get you to this appointment? Yes No

What method of transportation did you use to get to this appointment? ____________________________

How would you rate the overall quality of the interaction with the doctor on a scale of 1-10?

1 2 3 4 5 6 7 8 9 10
(poor) (fair) (good) (very good) (excellent)

How would you rate your ability to communicate with the doctor on a scale of 1-10?

1 2 3 4 5 6 7 8 9 10
(poor) (fair) (good) (very good) (excellent)

Did you have any problems seeing the doctor? Yes No

Please rate the video quality on a scale of 1-10.

1 2 3 4 5 6 7 8 9 10
(poor) (fair) (good) (very good) (excellent)

Did you have any problems hearing the doctor? Yes No

Please rate the sound quality on a scale of 1-10.

1 2 3 4 5 6 7 8 9 10
(poor) (fair) (good) (very good) (excellent)

What factors influenced your decision to participate in the telehealth program ____________________________

Please rate your overall level of satisfaction with the telehealth program on a scale of 1-10

1 2 3 4 5 6 7 8 9 10
(poor) (fair) (good) (very good) (excellent)

Did you feel that there were any problems with the telehealth program? ____________________________

In the future, would you prefer to use the telehealth program or see doctor in person? ___________