

# MEDICAL PRACTICE TELEMEDICINE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

**INSTRUCTIONS:** Please rate the services you received from our practice. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.  
Example: ●

	very poor	poor	fair	good	very good
<b>ACCESS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Ease of arranging your video visit .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ease of contacting (e.g., email, phone, web portal) us .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comments** (describe good or bad experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	very poor	poor	fair	good	very good
<b>CARE PROVIDER</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>DURING YOUR VIDEO VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.</b>					
1. Courtesy and respect of the care provider .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Concern the care provider showed for your questions or worries .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explanations the care provider gave you about your problem or condition .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care provider's efforts to include you in decisions about your care .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Degree to which the provider cared for you as a person .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Likelihood of your recommending this care provider to others .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comments** (describe good or bad experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	very poor	poor	fair	good	very good
<b>TELEMEDICINE TECHNOLOGY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Ease of talking with the care provider over the video connection .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well the video connection worked during your video visit .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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<b>TELEMEDICINE TECHNOLOGY (...continued)</b>	very poor	poor	fair	good	very good
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

3. How well the audio connection worked during your video visit .....

**Comments** (describe good or bad experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>OVERALL ASSESSMENT</b>	very poor	poor	fair	good	very good
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

1. How well the video visit staff (including the care provider) worked together to care for you .....
2. Likelihood of your recommending our video visit service to others .....
3. How well your video visit experience compared to an in-person care provider visit .....
4. Ease of getting the care you needed at Cleveland Clinic .....

**Comments** (describe good or bad experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's Name: (optional) \_\_\_\_\_

Telephone Number: (optional) \_\_\_\_\_

