

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: 

ACCESS

1. Ease of arranging your video visit
2. Ease of contacting (e.g., email, phone, web portal) us

very poor	poor	fair	good	very good
1	2	3	4	5

Comments (describe good or bad experience):

CARE PROVIDER

very poor	poor	fair	good	very good
1	2	3	4	5

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.

1. Courtesy and respect of the care provider
2. Concern the care provider showed for your questions or worries
3. Explanations the care provider gave you about your problem or condition
4. Care provider's efforts to include you in decisions about your care
5. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)
6. Degree to which the provider cared for you as a person
7. Likelihood of your recommending this care provider to others

Comments (describe good or bad experience):

TELEMEDICINE TECHNOLOGY

very poor	poor	fair	good	very good
1	2	3	4	5

1. Ease of talking with the care provider over the video connection
2. How well the video connection worked during your video visit



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TELEMEDICINE TECHNOLOGY (...continued)

very poor	poor	fair	good	very good
1	2	3	4	5

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

Comments (describe good or bad experience):

OVERALL ASSESSMENT

very poor	poor	fair	good	very good
1	2	3	4	5

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)

PREVIEW

