**TELEHEALTH PROVIDER FEEDBACK SURVEY**

Thank you for your feedback. This survey will take 2 - 4 minutes, and will be super helpful in improving telehealth workflows and technology.

1. How many video visits did you have scheduled for today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many of these were:

Number of video visits

Completed as video visits \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Converted to a phone call \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rescheduled \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide detail on how many video visits were completed on each platform:

 Number of video visits

MyChart \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doximity \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoom \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FaceTime \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VSee \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doxy.me \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signal \_\_\_\_\_\_\_\_\_\_\_\_\_\_

WhatsApp \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 answered

1. Did you switch from one platform to another for any of your video visits?

Yes [ ]

No [ ]

If yes, please state which platform you switched from and to and provide the reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(e.g., I switched from MyChart to Doximity, because the patient could not log in via MyChart)*

1. Please rate the **video and audio quality** of the video visits you had today on a scale from 1 to 5 (apply to the platform that you did majority of visits on).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Very poor** |  **Poor** | **Fair** | **Good** |  **Very good** |
| **1** |  **2** |  **3** | **4** | **5** |
| ⃝ | ⃝ | ⃝ | ⃝  | ⃝ |

Please leave a comment if you wish to provide more information (optional):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On a scale of 1 – 5, how likely would you be to recommend telehealth to another provider? (apply to the platform that you did majority of visits on)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Very poor** | **Poor** | **Fair** | **Good** | **Very good** |
| **1** |  **2** |  **3** | **4** | **5** |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

1. If you have any additional feedback on your experience, please comment below (optional):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your name? (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_