

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? _____