



## TELEHEALTH CONSULTANT SATISFACTION SURVEY

We are committed to providing excellent service through Telehealth. Your comments are very important to us and will assist us in our mission of excellence. Please take a few moments to mark the boxes that most appropriately describe your experience.

Site: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. It was easy to schedule a telemedicine exam for the patient. <b>Comments:</b>					
2. The patient was on time for the appointment. <b>Comments:</b>					
3. The picture quality was good. <b>Comments:</b>					
4. The sound quality was good. <b>Comments:</b>					
5. I was comfortable with the telemedicine physical exam that was done and was able to adequately communicate with the patient. <b>Comments:</b>					
6. Someone was at the facility to assist me in person as needed. <b>Comments:</b>					
7. The participation of the presenting healthcare provider was essential to do an adequate physical exam and obtain a good patient history. <b>Comments:</b>					
8. I would use telemedicine again to deliver healthcare. <b>Comments:</b>					
9. The patient's privacy and confidentiality were respected and protected during the consultation. <b>Comments:</b>					
<b>Additional Comments:</b>					
Thank you for taking the time to complete this survey. Please give this to the Facility Coordinator or Fax it to <b>801-585-1875</b> .					