



TELEHEALTH PATIENT SATISFACTION SURVEY

We are committed to providing excellent service through Telehealth. Your comments are very important to us and will assist us in improving future Telehealth sessions. Please take a few moments to check the boxes that most appropriately describe your experience.

Site: _____
Event: _____
Date: _____

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I was able to communicate adequately with the specialist today. Comments:					
2. The specialist was on time for the appointment. Comments:					
3. The picture quality was good. Comments:					
4. The sound quality was good. Comments:					
5. My privacy and confidentiality were respected and protected during the consultation. Comments:					
6. I was comfortable with the telehealth physical exam that was done. Comments:					
7. Telehealth made it easier to get healthcare today. Comments:					
8. Next time I would prefer to see the specialist “in person” despite the possible travel inconveniences. Comments:					
Additional comments:					
Thank you for taking the time to complete this survey. Please give this to the Facility Coordinator or Fax it to 801-585-1875 .					