

# Patient Satisfaction Survey

Date of Consultation: \_\_\_\_\_

Have you ever been involved in a telehealth consultation before? ☐ Yes ☐ No

How would you rate the telehealth consultation on the factors listed below:  
(Please circle your selection for each question.)

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Dissatisfied
1. Does the ability to provide telehealth consultation improve your confidence in your primary care physician?	1	2	3	4	5
2. Explanation of what is being done for your medical condition.	1	2	3	4	5
3. Met your medical care needs.	1	2	3	4	5
4. Overall quality of care provided.	1	2	3	4	5
5. Ability to talk freely over telehealth.	1	2	3	4	5
6. Ability to understand the recommendations.	1	2	3	4	5
7. Quality of the visual image.	1	2	3	4	5
8. Quality of the audio sound.	1	2	3	4	5
9. Courtesy of UC Davis Health clinician.	1	2	3	4	5
10. Knowledge and skills of the UC Davis Health clinician.	1	2	3	4	5
11. Overall telehealth consult experience.	1	2	3	4	5

12. Which visit option would you prefer: Telehealth Consultation OR Physician On-site

13. Would you be willing to participate in another telehealth consultation? ☐ Yes ☐ No

14. In your opinion, how important was it that you received a telehealth consultation?

1-Not Important 2-Somewhat Unimportant 3-Neutral 4-Somewhat Important 5-Very Important

Do you have any suggestions or comments?: \_\_\_\_\_

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

**UC Davis Center for Health and Technology**

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