

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.)

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neutral</i>	<i>Satisfied</i>	<i>Very Dissatisfied</i>
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?: _____
