



Newfoundland and Labrador Telehealth Program Patient/Client/Resident or Family Member Satisfaction Survey

This survey is being conducted to help evaluate the Newfoundland and Labrador Telehealth Program. Your feedback is very important in evaluating Telehealth services. Participation in the survey is voluntary and will not affect your health care in any way.

All responses given will be kept confidential. The information you provide will be combined with the information provided by other survey participants and individual responses will not be identified.

For the purposes of this survey, Telehealth refers to the appointment or consultation between a provider and a patient at different locations via a teleconference session (i.e., video camera and video screen).

1. Please complete the following:

Date:

Program/Purpose of the
Telehealth appointment:

2. In which Regional Health Authority did the Telehealth appointment take place?

- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health

3. Which health care facility did you go to for your Telehealth appointment?

4. How do you think your Telehealth appointment compared to an appointment done in-person?

Much better Somewhat better About the same Somewhat worse Much worse

My Telehealth
appointment was:

5. Why was your appointment set up as a Telehealth appointment?

- I requested it be done via Telehealth to avoid travel.
- My health care provider suggested it.
- Other (please specify)

6. If Telehealth were not available would you have: (Select one response only)

- Travelled to see the health care provider in person
- Waited to see the health care provider at a travelling clinic
- Not seen the health care provider at all
- Other (please specify)

7. Did a health care staff member attend the appointment with you?

- Yes
- No

8. If yes, was this helpful to you? Please explain

9. How far would you have to travel, roundtrip, for your appointment if Telehealth were not available?
Please provide your best estimate.

- | | |
|--|--|
| <input type="radio"/> 0-50 kilometres | <input type="radio"/> 201-500 kilometres |
| <input type="radio"/> 51-100 kilometres | <input type="radio"/> 501-1,000 kilometres |
| <input type="radio"/> 101-200 kilometres | <input type="radio"/> more than 1,000 kilometres |

10. How much would it have cost you to travel for your appointment if Telehealth were not available?
Please provide your best estimate and consider all costs associated with travelling for an in-person appointment including travel, accommodations, meals, child care, loss of pay from work, and any other related costs.

- \$1 - \$100
- \$101 - \$500
- \$501 - \$1,000
- \$1,001 - \$1,500
- \$1,501 - \$2,000
- \$2,001 - \$3,000
- No cost

11. Please specify the types of expenses you would have incurred if you had to travel for your appointment. Please check all that apply.

- Flight
- Meals
- Child care
- Other (please specify)
- Gas
- Accommodations
- Lost time from work

12. Please indicate your level of agreement or disagreement with each of the following statements regarding your satisfaction with your Telehealth appointment.

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree
I understood what Telehealth was prior to attending my appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the overall quality of my Telehealth appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was comfortable seeing the specialist/health care provider by Telehealth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth made it easier for me to see the specialist/health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided with a clear explanation of what to expect during my Telehealth session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The room and equipment was set up properly prior to my appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. What changes, if any, would you suggest for improving the Telehealth service? Please be as specific as possible.

14. Do you have any other comments or concerns regarding the Telehealth service that you would like to share?

For evaluation purposes, would you be willing to be contacted for an interview regarding your experiences with the Telehealth session?

If yes, please click on the following link to provide your contact information. Your contact information will not be associated with the responses you have provided in this survey. <https://www.research.net/r/RW9HY86>

If no, this concludes your participation in this survey. Please close your browser window. Thank you for your participation.

