

Newfoundland and Labrador Telehealth Program Patient/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 on this form, 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).

Once you have completed this survey, please place it in the envelope provided.

1. How do you think your telehealth appointment compares to an appointment done in-person? Was your telehealth session: (Select one response only)

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse
- Not Applicable

2. If telehealth were not available would you have: (Select one response only)

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

3. How far would you have to travel, roundtrip, for your appointment if Telehealth were not available? Please provide your best estimate. (Select one response only)

- 0-50 kilometers 101-200 kilometers 501-1000 kilometers
- 51-100 kilometers 200-500 kilometers >1000 kilometers

4. 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. (Select one response only).

- \$1-\$100 \$101-\$500 \$501-\$1000 > \$3000
- \$1001-\$1500 \$1501-\$2000 \$2001-\$3000 No Cost

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

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

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

| | Strongly Agree | Moderately Agree | Moderately Disagree | Strongly Disagree | Neither Agree nor Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| a) I was satisfied with the overall quality of my Telehealth appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I was comfortable seeing the specialist/health care provider by Telehealth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Telehealth made it easier for me to see the specialist/health care provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Telehealth allows me to see the specialist/health care provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I was provided with a clear explanation of what to expect during my Telehealth session | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

8. 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? Yes No

If **Yes**, please complete this portion of the evaluation form. Thank you!

Name: _____

E-mail: _____ Phone #: _____

Thank you for taking the time to complete this questionnaire!

