

Department of Veterans Affairs - Clinic Based Telehealth (CBT) Satisfaction Survey

Dear Veteran Patient,

It is important that we know what you think about the value of our Clinical Video Telehealth and Store and Forward Telehealth service programs. Your comments will help us learn how we can improve care to all Veterans. We would greatly appreciate your taking a few minutes to complete the following survey.

First, we'd like you to know:

- The information that you provide will be kept private to the extent permitted by law. They will be reviewed by training center staff, not any local personnel.
- When you finish, please put the survey in the stamped envelope and give it to the clerk to mail. Local staff will not see your responses.
- Your comments will be combined with comments from other Veteran patients for improvement of services programs within this clinic.

Thank you for your time.

VISN #	Facility #	Your Age	Date of Appointment	Your Gender:	Was this your first Telehealth session?	This session was:	Modality																																																						
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Please turn the form over

Oncology Orthopedics Pain
Patient Education Pharmacy Physical Therapy Podiatry
Polytrauma
Preventative Medicine Primary Care Prosthetics
PTSD
Pulmonary/Thoracic Recreational Therapy Retinal Screening
Schizophrenia/Psychotic Disorders Speech Therapy
Spirometry Substance Abuse Tai Chi/Yoga Tobacco Cessation
Traumatic Brain Injury Urology
Women's Health/GYN Wound Care
Other

**We want to know what you thought about today's telehealth session.
Your honest answers will help us improve the system.
Please fill in the number that is closest to your own opinion for each of the following statements.**

Telehealth Survey Questions	Strongly Agree	Agree	Do not agree or disagree		Disagree	Strongly disagree	NA
1 I felt comfortable with the equipment used.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
2 The location of the telehealth clinic is convenient for me.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
3 Overall, I am satisfied with the telehealth visit.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
4 I would recommend this type of session to other veterans.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
5 I would rather use telehealth to receive this service than travel long distance to see my provider.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
6 Information given to me today about my visit was clear and adequate.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
7 The staff gave me opportunities to ask questions.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		

Only complete the following questions if your visit today was conducted by video

8 I was able to see the clinician clearly by video.	5 <input checked="" type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
9 There was enough technical assistance for my visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10 The telehealth clinic provided the care I expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11 I was able to hear the clinician clearly by video.	5 <input checked="" type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>		
12 My Relationship with the clinician was the same by video session as it is in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

I CARE Survey Questions-This are your overall opinion regarding the VA

13 I got the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 It was easy to get what I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 I felt like a valued customer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 I trust VA to fulfill our country's commitment to Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 15 minutes, including the time for reviewing instructions, and completing and reviewing the collection of information. No person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific, programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.