Veterans' and Provider's User Experience of Palliative Care Telehealth Appointments

OMB No. 2900-0769
Estimated Burden: 10 minutes

Expiration Date: 08/31/XXXX

System Usability Scale

Instructions: This survey is about your palliative care telehealth experience. Please rate how much you either agree or disagree with the following statements about the telehealth appointment by placing an X in the box that indicates your opinion.

	Strongly disagree				Strongly agree

1. I think that I would like to use this system frequently

1	2	3	4	5

2. I found the system unnecessarily complex

1	2	3	4	5

3. I thought the system was easy to use

1	2	3	4	5

4. I think that I would need the support of a technical person to be able to use this system

1	2	3	4	5

5. I found the various functions in this system were well integrated

1	2	3	4	5

6. I thought there was too much inconsistency in this system

1	2	3	4	5

7. I would imagine that most people would learn to use this system very quickly

1	2	3	4	5

8. I found the system very cumbersome to use

1	2	3	4	5

9. I felt very confident using the system

1	2	3	4	5

10. I needed to learn a lot of things before I could get going with this system

1	2	3	4	5

<u>Demographic Questions</u>

1.) In what year were you born? _____
2.) Are you Hispanic, Latino, or of Spanish origin?
   a. No, not of Hispanic, Latino, or Spanish origin
   b. Yes, of Hispanic, Latino, or Spanish origin
   c. Unavailable/Unknown
   d. Declined
3.) What race do you most identify with (circle all that apply)?
   a. Black or African-American
   b. White
   c. American Indian /Alaskan Native
   d. Asian
   e. Native Hawaiian /Pacific Islander
   f. Other:_____
4.) What gender do you most identify with?
   a. Female
   b. Male
   c. Other: _____
5.) Location during Telehealth Appointment: _____
6.) Technology used for Telehealth Appointment (check all that apply):
   __ Ipad/Tablet
   __ Laptop Computer
   __ Desktop Computer
   __ Smart Phone
   __ Other: _____
7.) Technologies used outside of telehealth appointments (check all that apply):
   __ Computer
   __ Ipad/Tablets
   __ Smart Phone
   __ Other
8.) How would you rate your general comfort with the technology in your life on a 1-10 scale (not including the telehealth appointments)? (One being very uncomfortable and ten being very comfortable). ___
9.) What is the highest level of school you have completed or the highest degree you have received?
   a. Less than high school degree
   b. High school degree or equivalent (e.g., GED)
   c. Some college but no degree
   d. Associate degree
   e. Bachelor degree
   f. Graduate degree