



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

OMB No. 2900-0769  
Estimated Burden: 10 minutes

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**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is 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 achieve more accessible telehealth services for Veterans. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

## System Usability Scale

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**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
2. I found the system unnecessarily complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
3. I thought the system was easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
5. I found the various functions in this system were well integrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
6. I thought there was too much inconsistency in this system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
7. I would imagine that most people would learn to use this system very quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
8. I found the system very cumbersome to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
9. I felt very confident using the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
10. I needed to learn a lot of things before I could get going with this system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

## Demographic Questions

- 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