

 **Virtual Nursing Visit**

**User Acceptance Patient Evaluation**

**OMB No. 2900-0770
Estimated Burden: 10 minutes**

**Expiration Date: 9/30/2020**

**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 telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VA Video Connect Patient Questions** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | **1** | **2** | **3** | **4** | **5** |
| 1.    I prefer a video visit to check my blood pressure rather than travelling to the clinic. |  |  |  |  |  |
| 2.   I feel confident in my ability to check my own blood pressure at home. |  |  |  |  |  |
| 3.    I feel the blood pressure readings obtained at home more accurately reflect my blood pressure than readings obtained after traveling to the medical facility. |  |  |  |  |  |
| 4.    I was able to confident using the blood pressure monitor and device (phone/tablet/computer) easily during the visit. |  |  |  |  |  |
| 5.    I would recommend blood pressure measurement appointments by video to other veterans. |  |  |  |  |  |
| 6.    Overall, I was satisfied with telehealth visits for blood pressure monitoring. |  |  |  |  |  |

**Written Response Questions:**

**Age**

<40

40-50

51-64

65+

**Gender**

Male

Female

Prefer not to identify

**How long does it take you to travel to see your provider (in minutes)?**

<30 minutes

30-60 minutes

1-2 hours

2+ hours

**What type of device did you use for the home blood pressure video visit?**

Smartphone

Personal tablet/iPad

VA loaned tablet

Personal computer