

Patient Label

Form Approved
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Telehealth Services Patient Satisfaction Questionnaire

1. How would you rate the ease of scheduling your telehealth appointment?
2. Rate the explanation of your treatment by your provider during the telehealth visit.
3. Rate the ease of communication with your care team during your telehealth visit.
4. Rate how well the telehealth visit met your health care needs.
5. How would you rate the telehealth visit versus the in person visit?
6. Rate the technical quality of your telehealth visit.
7. Rate your overall satisfaction in talking with your care team through telehealth.
8. How likely are you to recommend our practice to a friend or loved one?
9. Comments