World Trade Cen	ter Health	Program
Clinical Center o	f Excellenc	e

Form Approved OMB No. 0920-0953 Exp. Date 8/31/2021

Telehealth Services Patient Satisfaction Questionnaire

	STRONGL DISAGRE		O NOT AGREE		STRONGLY AGREE
Example: I felt well when I woke up this morning.	1	(2)	3	4	5
felt comfortable with the equipment used.	1	2	3	4	5
was able to see the clinician clearly.	1	2	3	4	5
was able to hear the clinician clearly.	1	2	3	4	5
There was enough technical assistance for my meeting with the clinician.	1	2	3	4	5
My relationship with the clinician was the same during this session as it is person.	s in 1	2	3	4	5
The location of the telehealth clinic is convenient for me. $$ N / A	1	2	3	4	5
My needs were met during the session.	1	2	3	4	5
received good care during the session.	1	2	3	4	5
Overall, I am satisfied with this telehealth session.	1	2	3	4	5
would recommend this type of session to others.	1	2	3	4	5
would rather use telehealth to receive this service than travel to see my clinician.	1	2	3	4	5
Did you have in-person options for today's session?	What	was the location	of your sess	ion today?	
□ Yes	□ WTC Program Clinic				
□ No	☐ Private Home				
	□ O ₁	ther			
If you had other options for the session, why did you choose telehe	ealth? (se	lect all that apply)		
☐ Reduced travel time		availability of a c	linician who	could see m	e
☐ Reduced travel cost	n	nore frequently			
Availability of specialized clinician or treatment		Availability of a c	linician who	could see m	e

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	World Trade Center Health Program Clinical Center of Excellence	
	Patient Label	
Other		