

**Catawba Service Unit Telebehavioral Health
Patient Satisfaction Survey**

Form Approved
OMB Form: 0917-0036
Expiration Date: (insert after approval)

Date of Service _____

Have you ever been involved in a telemedicine consultation before? Yes ___ No ___

How would you rate the telemedicine consultation on the factors listed below:

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

1. Does the ability to provide telemedicine consultation improve your confidence in your primary care physician?

1 2 3 4 5

2. Explanation of what is being done for your medical condition

1 2 3 4 5

1. Convenience of having issue taken care of same day and not waiting on referral

1 2 3 4 5

2. Ease of not having to travel for another appointment

1 2 3 4 5

3. Ability to understand the telemedicine process

1 2 3 4 5

4. Overall telemedicine consult experience

1 2 3 4 5

7. Which would you prefer (circle one): Telemedicine consultation or Physician on site?

8. Would you be willing to participate in another telemedicine consultation?

Yes ___ No ___

9. In your opinion, how important was it that you received a telemedicine consultation?

Not important					Very important
1	2	3	4	5	

Do you have any suggestions for improving the consultations?

Please write any additional comments below:

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