**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**

1. Ease of not having to travel for another appointment

**1 2 3 4 5**

1. Ability to understand the telemedicine process

**1 2 3 4 5**

1. 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:

OMB BURDEN STATEMENT

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