

**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?

<b>Not important</b>					<b>Very important</b>
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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