

Telehealth.HHS.gov Site-Level Website Survey

Note: Survey will be available in English and Spanish.

Site-Level Website Survey

English

1) Which of the following best describes you?

- I'm a health care professional (i.e. doctor, nurse, health care administrator)
- I'm a patient or other individual interested in telehealth
- Other [Free text]

If user selects **health care professional**:

How familiar are you with telehealth services?

- 1 – not at all familiar/have never used it
- 2 – a little familiar/used telehealth once or twice
- 3 – somewhat familiar but could use more information
- 4 – very familiar/my practice uses telehealth services

What percentage of your patients have expressed interest in telehealth services?

- 1-25%
- 26-50%
- 51-75%
- 76-100%

If user selects **patient or other individual interested in telehealth**:

Have you used telehealth services in the past?

- Yes
- No

What resources are most helpful to you?

- Finding telehealth options
- Getting help with access to health insurance or internet connection
- How to prepare for a telehealth appointment
- Other [Free text]

For **all**:

2) Were you able to find what you were looking for?

- Yes
- Partially
- No

If user answers “No”, secondary question appears with question:

What were you looking for specifically?

- [Free text]
- 3) Do you agree with the following statement? The pages I have read:
- Are easy to understand [Yes/No/Not sure]
- 4) Do you agree with the following statement? The pages I have read:
- Allow me to take action [Yes/No/Not sure]
- 5) How can we improve Telehealth.HHS.gov?
- [Free text]

Spanish

1. ¿Cuál de las siguientes opciones le describe mejor?
1. Soy un profesional de la salud (por ejemplo, médico, enfermera, administrador de la salud)
 2. Soy un paciente u otra persona interesada en la telesalud
 3. Otros (campo de texto libre)

Si el usuario selecciona **profesional de la salud**

- ¿Está familiarizado con los servicios de la telesalud?
 - o 1 - no está familiarizado en absoluto/no lo ha utilizado nunca
 - o 2 - un poco familiarizado/ha utilizado la telesalud una o dos veces
 - o 3 - algo familiarizado pero podría utilizar más información
 - o 4 - muy familiarizado/mi consulta utiliza los servicios de la telesalud
- ¿Qué porcentaje de sus pacientes ha expresado interés en los servicios de la telesalud?

- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

Si el usuario selecciona **paciente o individuo**

- ¿Ha utilizado los servicios de la telesalud en el pasado?
 - ☐ Sí
 - ☐ No
- ¿Qué recursos le resultan más útiles?
 - ☐ Encontrar opciones de telesalud
 - ☐ Obtener ayuda para acceder a un seguro médico o a una conexión a Internet
 - ☐ Cómo prepararse para una visita virtual de telesalud
 - ☐ Otros (Campo de texto libre)

Para **todos**

1. ¿Pudo encontrar lo que buscaba?
 1. Sí
 2. Parcialmente
 3. No
Si el usuario responde "No", aparece la pregunta secundaria "¿Qué buscaba?" y el campo de texto libre

¿Está de acuerdo con las siguientes afirmaciones?

1. Las páginas que he leído son fáciles de entender.
 1. Sí
 2. No

3. No estoy seguro
1. Las páginas que he leído me permiten tomar medidas.
 1. Sí
 2. No
 3. No estoy seguro

Comentarios adicionales (cuadro de texto libre)

Public Burden Statement: HRSA's Federal Office of Rural Health Policy (FORHP) will obtain feedback from users of Telehealth.HHS.gov that was recently funded through the CARES Act (P.L. 116-136, P.L. 88-426, 5 U.S.C. 101, 42 U.S.C. Section 210), as amended. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0212 and it is valid until 04/30/2024. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average .007 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov