

Telehealth Survey

Name: _____ Date of birth: _____

Date and time of appointment: _____ Date of survey submission: _____

Gender: Male Female Non-binary

Survey accomplished: By myself With help: (write the name of the person who helped) _____

What service did you schedule an appointment for?

- | | |
|--|--|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> Mental health therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Other: _____ |

Please rate the following:

1. How did you find the audio and video quality of your telehealth appointment (could you hear and see them well)?

- Excellent Good Fair Poor

2. How would you rate the time it took to schedule a telehealth appointment?

- Excellent Good Fair Poor

3. Rate the promptness of the practitioner (consider: were they late, on time, early?)

- Excellent Good Fair Poor

4. How would you rate the length of time you spent with our healthcare practitioner?

- Excellent Good Fair Poor

5. How would you rate the quality of your conversation with the practitioner?

- Excellent Good Fair Poor

6. How would you rate the practitioner's explanation of your treatment?

- Excellent Good Fair Poor

7. How would you rate the practitioner's handling of your privacy?

- Excellent Good Fair Poor

8. How would you rate the way the practitioner answered your questions?

- Excellent Good Fair Poor

Telehealth Survey

Please rate the following:

9. Rate the practitioner in terms of being respectful, considerate, friendly, courteous, sensitive

Excellent Good Fair Poor

10. If applicable, rate the other staff members you interacted with before talking to the practitioner (were they respectful, would you consider them skillful, were they knowledgeable, did they keep you in good company?)

Excellent Good Fair Poor

11. How would you rate your overall experience with your telehealth session?

Excellent Good Fair Poor

Would you use our telehealth service again?

Yes No

Would you recommend this telehealth service to others?

Yes No

Additional Comments: