








Patient Satisfaction Survey for a Telehealth Visit



Please tell us how you feel about our services and staff. Your responses help us to improve how we provide telehealth visits. This survey is anonymous. Thank you for your time.

	 Strongly Agree 5	 Agree 4	 Neither Agree or Disagree 3	 Disagree 2	 Strongly Disagree 1	N/A Don't Know
Experience						
My telehealth visit was easy to schedule.	5	4	3	2	1	N/A
I felt respected and able to make my own choices.	5	4	3	2	1	N/A
Technical quality						
My telehealth visit started on time.	5	4	3	2	1	N/A
I could hear my provider clearly during the telehealth visit.	5	4	3	2	1	N/A
I could see my provider clearly during the telehealth visit.	5	4	3	2	1	N/A
My provider explained how my confidentiality is protected.	5	4	3	2	1	N/A
My privacy was respected.	5	4	3	2	1	N/A
My questions about the technology used during my visit were answered.	5	4	3	2	1	N/A
Perceived effectiveness						
I now have enough information to make the best decision for my body.	5	4	3	2	1	N/A
Perceived usefulness						
The telehealth visit worked well with my schedule.	5	4	3	2	1	N/A
Telehealth made it easier for me to see a provider today.	5	4	3	2	1	N/A
My telehealth visit was as good as an in-person visit.	5	4	3	2	1	N/A
My medical needs were met.	5	4	3	2	1	N/A

Please select how well we did in the following areas:	 Strongly Agree 5	 Agree 4	 Neither Agree or Disagree 3	 Disagree 2	 Strongly Disagree 1	N/A Don't Know
Impact on client/clinical services provider interaction						
My provider explained things in a way that was easy to understand.	5	4	3	2	1	N/A
I will use telehealth again for my family planning needs.	5	4	3	2	1	N/A
Satisfaction						
Overall, I was satisfied with this telehealth visit.	5	4	3	2	1	N/A

Is there anything our agency could do to improve your telehealth experience? If yes, please explain.

Do you have any other feedback?