

## Telemedicine Satisfaction Survey

We value your feedback, please answer the following questions about your experience with our Telemedicine technology

\* Required

\* This form will record your name, please fill your name.

1. Name (All Patient Information Remains Confidential) \*

2. How satisfied were you with your visit to the Telemedicine clinic today? \*

0	1	2	3	4	5	6	7	8	9	10
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Extremely dissatisfied

Extremely satisfied

3. If dissatisfied with your visit today, please let us know what contributed to your dissatisfaction

- Travel distance
- Travel time
- Clinic wait time
- Computer use
- Time taken off work
- Wellsboro healthcare staff
- Interaction with surgeon
- Personal comfort with using a telemedicine based system

4. How comfortable were you with using the Telemedicine equipment at your followup visit? \*

0	1	2	3	4	5	6	7	8	9	10
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Extremely uncomfortable

Extremely comfortable

5. How satisfied were you with the quality of the video image? \*

0	1	2	3	4	5	6	7	8	9	10
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Extremely dissatisfied

Extremely satisfied

6. How satisfied were you with the quality of the audio? \*

0	1	2	3	4	5	6	7	8	9	10
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Extremely dissatisfied

Extremely satisfied

7. In the future, how likely are you to re-visit the Telemedicine clinic for followup visits? \*

0	1	2	3	4	5	6	7	8	9	10
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Extremely unlikely

Extremely likely

8. How likely are you to recommend a Telemedicine followup visit to your family and friends? \*

0	1	2	3	4	5	6	7	8	9	10
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Extremely unlikely

Extremely likely

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