Telehealth Satisfaction Survey

Thank you for your recent virtual visit. Please share your feedback so we can improve. Fill the checkboxes completely using a blue or black pen. Your answers are confidential.

Your virtual visit

Please rate how much you agree with the following statements about your telehealth visit.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Please cross one in each line					
The technology was easy to use	◯	◯	◯	◯	◯
I could see and hear my provider clearly	◯	◯	◯	◯	◯
My provider listened and addressed my concerns	◯	◯	◯	◯	◯
I received the care I needed	◯	◯	◯	◯	◯
The visit saved me time	◯	◯	◯	◯	◯
I would use telehealth again	◯	◯	◯	◯	◯

Comparing to in-person care

How did the visit compare to an in-person visit? *(Please cross one)*

- ◯ Much better
- ◯ Better
- ◯ About the same
- ◯ Worse
- ◯ Much worse

Your suggestions

How could we improve your telehealth experience?

Thank you for your feedback. Please return this form to the front desk or the drop box provided.

To respond ⊗ or ●

DRFT 0001