



Patient Questionnaire

Thank you for being a telehealth patient! It is very important to us to learn all we can about telehealth. We need your help. Please take a minute to complete this questionnaire. Your answers will be kept confidential.

Date: _____ Name (if desired): _____

1) How far did you have to travel to get here? _____ miles (one way)

2) How far would you have to travel to see the telehealth provider in person?
_____ miles (one way)

[The telehealth provider is the out-of-town doctor or other health professional you saw on the TV.]

3) How would you have handled your health problem without telehealth?

_____ Would not have received health care at this point. (go to #6)

_____ Would have received health care in my own community. (go to #6)

_____ Would have traveled out of town for health care.

a) What town would you have traveled to for your health care?

b) How many miles is it from your home? _____ miles (one way)

6) Please circle the number that best shows your overall satisfaction with today's telehealth session.

1	2	3	4	5	6	7
<i>Very</i>		<i>Somewhat</i>		<i>Somewhat</i>		<i>Very</i>
<i>Dissatisfied</i>	<i>Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neutral</i>	<i>Satisfied</i>	<i>Satisfied</i>	<i>Satisfied</i>

7) Please add any comments you have about telehealth or this project:

Thank You Very Much for Your Responses!