



Telehealth Survey

How are we doing?



Your feedback is important to us. Please tell us about your telehealth experience so that we can continue to improve our services. Completing the survey is **voluntary**. All your information will be treated **confidentially**, in compliance with the BC Freedom of Information and Protection of Privacy Act. The information collected through this survey is solely for the purpose of program evaluation.

Year _____

Your age (the patient's age) is:

Site/Community _____

under 18 18 – 45 46 - 64 65 or older

Program _____

Is this your (the patient's) first Telehealth visit?

Yes No

Do you agree with the following statements? Space for comments provided below.

	Yes	No
1. The telehealth service was explained to me prior to my appointment.		
2. I could see my healthcare provider(s).		
3. I could hear my healthcare provider(s).		
4. My telehealth appointment was as good as seeing my provider in person.		
5. It was easier to have this appointment by telehealth rather than travelling to my provider.		
6. If telehealth was not available, I would have travelled for my visit.		
7. I felt that my privacy was respected during my telehealth visit.		
8. I felt my values, beliefs and traditions were respected during my telehealth visit.		
9. I would recommend telehealth for my family and friends.		
10. This telehealth appointment saved me the following costs: (please select all that apply) : ferry/airfare <input type="checkbox"/> bus/ gas <input type="checkbox"/> time off work <input type="checkbox"/> child care <input type="checkbox"/> hotel/meals <input type="checkbox"/> Other _____		

Your Opinion Matters.

Please write your comments and suggestions here. Please do not provide personal information in your comment.

Please insert this survey into the envelope provided. Follow the instructions on the envelope. **Thank you for your time!**