NARBHA Client Telemedicine Satisfaction Survey

This is not a requirement but we appreciate your participation. If you have already filled out this survey, please don't fill it out again.

1. Your age: _____
2. Your gender: □ Male □ Female
3. Number of years you have been receiving telemedicine services at this clinic: _____

PLEASE CIRCLE YOUR RESPONSE BELOW EACH QUESTION OR STATEMENT.

4. Approximately how many telemedicine sessions have you participated in at this clinic?

   0 - 4 5 - 10 more than 10

5. Having a clinician (therapist, nurse, or case manager) in the room with me during my telemedicine sessions makes me feel:

   more comfortable doesn't matter less comfortable

6. Having a clinician (therapist, nurse, or case manager) in the room with me during my telemedicine sessions helps me feel that I have a team of people contributing to my treatment.

   strongly agree agree neutral disagree strongly disagree

7. I think the quality of medical care over telemedicine is:

   better than in-person same as in person not as good as in-person

8. Given the choice of seeing my medical practitioner in person or via telemedicine, I would prefer:

   telemedicine no preference in person

FOR THE FOLLOWING QUESTIONS, PLEASE COMPARE HOW YOU FELT WHEN YOU FIRST STARTED HAVING TELEMEDICINE SESSIONS TO HOW YOU FEEL HAVING THEM TODAY.

9. Compared to my first sessions, the ones I attend now run more smoothly.

   strongly agree agree neutral disagree strongly disagree

10. Compared to my first sessions, I am more comfortable with the audio and video equipment.

    strongly agree agree neutral disagree strongly disagree

11. Compared to my first sessions, I feel more at ease using telemedicine to see my medical practitioner.

    strongly agree agree neutral disagree strongly disagree

12. Compared to my first sessions, I have fewer privacy and confidentiality worries about using telemedicine.

    strongly agree agree neutral disagree strongly disagree

ADDITIONAL COMMENTS (use back of page if needed):