

## THE DUKE TELEMEDICINE PROJECT Patient Satisfaction Survey

In order to provide you with the best possible services, we need to know what you think about the services you have received by telemedicine today. Please indicate your level of agreement or disagreement with each of the following statements by filling in the circle that best describes your answer. Your answers are confidential and will not influence the services you receive. Thank you for your time and effort in helping us improve our services to you.

1. Have you heard of telemedicine before today?     Yes     No
2. Have you had mental health or substance abuse treatment before today?     Yes     No
3. Have you had mental health or substance abuse treatment by telemedicine in the past?     Yes     No
4. Have you had any telemedicine services before today?     Yes     No  
If yes, what

Please indicate if you Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree with each of the statements below. Fill in the circle that best describes your answer.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
5. I was comfortable receiving services by telemedicine today. — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was satisfied with the mental health or substance abuse services given today. —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my time with the doctor was private. — — — — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The emergency room staff prepared me for the telemedicine process. — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It was easy for me to talk to the doctor over the telemedicine equipment. — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would use the telemedicine system again. — — — — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I preferred to use telemedicine instead of not seeing a psychiatrist at all. — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The sound and image quality was good. — — — — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Overall, I was satisfied with the telemedicine visit. — — — — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Telemedicine is of value to me and my community. — — — — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt the doctor cared about my problem. — — — — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Having emergency room staff in the room with me during my telemedicine session made me feel:  
 Very Comfortable     Comfortable     Uncomfortable     Very Uncomfortable     Not Applicable
17. I think the quality of medical care given through telemedicine is:  
 Better Than In Person     Same As In Person     Not As Good As In Person
18. Other Comments:

**Please provide the following information for statistical compilation purposes.**

- a. Are you of Spanish/Hispanic/Latino Origin?     Hispanic or Latino     Not Hispanic or Latino
- b. What is your race?  
 American Indian or Alaska Native                       White (Caucasian)                       Asian  
 Native Hawaiian or Other Pacific Islander     Black (African American)     Other: Describe
- c. Gender:     Male     Female
- d. Age Range:     18 or Less     19-25     26-35     36-45     46-55     56-65     66-75     75+
- e. Date:      /   /

**PLEASE FAX TO: 803-935-5787**  
**or mail to: ETR, 7901 Farrow Road, Columbia, SC 29203**  
**Any questions call: 803-935-5784 or email: [ems68@scdmh.org](mailto:ems68@scdmh.org)**