

In order to provide the best possible services to your Emergency Department, we need to know what you think about the services you have received. 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. Thank You for your time and effort in helping us make this project most successful. To be completed by those staff members (RN, CRNA, ER Tech, etc.) that are helping to orient, chaperon, and assist in the telepsychiatry consult.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. The telepsychiatry equipment is easy to use. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I received adequate training/instruction preparing me to use the system. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can do simple trouble shooting when the system does not work. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The system works well without static, delays in transmission, or limits of picture or audio. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The system rarely goes down. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It causes great inconvenience when the system goes down. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Assisting in telepsychiatry consults is an efficient use of my time _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Telepsychiatry causes me additional workload. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The fax system of requesting the consultation is easy to use. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The fax server is rarely busy and easy to contact. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Patients appear to be comfortable using the system to talk with the doctor. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Patients are generally cooperative during the telepsychiatry consult. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was comfortable being present during the telepsychiatry consult. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Arrangement of equipment, patient, and/or staff is safe. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Telepsychiatry consults have improved patient care in our emergency room. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Telepsychiatry consults have improved mental health services in our community. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any comments that you feel can help us improve the telepsychiatry system. \_\_\_\_\_

**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? (Check all that apply.)
  - 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:  Less than 25  25-35  36-45  46-55  56-65  66-75  Over 75
- e. Position:  Nurse  Staff  Patient Coordinator  Resident  Other
- f. 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**