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Satisfaction Questionnaire

TELEHEALTH SATISFACTION SURVEY
(FOR TELEREHABILITATION AND TELEVISITATION SESSIONS)
FAX TO : 514-398-1531

Speech/language therapy Occupational therapy Physical therapy Televisitation

Patient code: _____ **Gender** Male Female **Age** 0 - 20 21 - 40 41 - 60 61 - 80 80+

How satisfied were you with:

	Poor	Fair	Good	Excellent
• The voice quality of the equipment?				
• The visual quality of the equipment?				
• Your personal comfort in using the telehealth system?				
• The length of time to get an appointment in Fort Chip?				
• The ease of getting to the telehealth department (circle one: taxi, private, walked, CHR, staff)				
• The length of time with the therapist or family member you saw?				
• The explanation of your treatment by the telehealth staff?				
• The thoroughness, carefulness and skillfulness of the telehealth staff?				
• The courtesy, respect, sensitivity and friendliness of the telehealth staff?				
• How well the telehealth staff respected your privacy?				
• How well the staff answered your questions about the equipment?				
• Your overall treatment experience at using telehealth?				

Comments: _____

Would you use Telehealth again? No Yes

Would you recommend telehealth to another person? No Yes

Self-administered With help **By:** _____
PLEASE FAX THE COMPLETED FORMS TO: 514-398-1531. IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE CALL 514-398-3247.
 Based on a form developed by the Saskatchewan Northern Telehealth Network.

PATIENT SATISFACTION SURVEY (USE FOR PATIENT CARE SESSIONS)
FAX TO : 514-398-1531

Patient code: _____	Gender		Age				
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> 0 - 20	<input type="checkbox"/> 21 - 40	<input type="checkbox"/> 41 - 60	<input type="checkbox"/> 61 - 80	<input type="checkbox"/> 80+
How satisfied were you with:	Poor	Fair	Good	Excellent			
• Your general health?							
• The length of time to get an appointment with Telehealth?							
• The length of time waiting in the office at Telehealth?							
• The length of time with the specialist you saw?							
• The explanation of your condition by the specialist?							
• The explanation of your treatment by the specialist?							
• The thoroughness, carefulness and skillfulness of the specialist you saw?							
• The courtesy, respect, sensitivity and friendliness of the specialist you saw?							
• How well the staff here respected your privacy?							
• How well the staff here answered your questions about the equipment?							
• How well the staff here treated you with respect?							
• Your overall treatment experience at Telehealth?							
Did you have any difficulties getting here today?	<input type="checkbox"/> No <input type="checkbox"/> Yes: → _____						
Would you use Telehealth again?	<input type="checkbox"/> No <input type="checkbox"/> Yes						
Would you recommend telehealth to another person?	<input type="checkbox"/> No <input type="checkbox"/> Yes						
Any other comments about telehealth?	_____						

Self-administered With help Orally By: _____
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SONDAGE SUR LA SATISFACTION DES PATIENTS (SÉANCES DE TÉLÉSANTÉ À LA ROMAINE) TELECOPIER AU : 514-398-1531				
Code du patient : _____	Date: _____			
Avez-vous été satisfait(e) :	Médiocre	Passable	Bon	Excellent
• De votre état de santé général?				
• Du délai d'attente pour l'utilisation de l'équipement de télésanté?				
• Du délai d'attente pour les résultats de la séance de télésanté?				
• Du respect accordé par le personnel à votre vie privée?				
• De la manière dont le personnel a répondu à vos questions au sujet de l'équipement?				
• Du respect avec lequel le personnel vous a traité(e)?				
• De votre expérience de la télésanté en général?				
Avez-vous eu de la difficulté à vous rendre ici aujourd'hui? <input type="checkbox"/> Non <input type="checkbox"/> Oui : → _____				
Était-ce la première fois que vous utilisiez le service de télésanté? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui				
Utiliserez-vous de nouveau la télésanté? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui				
Choisiriez-vous la télésanté plutôt qu'une visite chez le médecin? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui				
Recommanderiez-vous la télésanté? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui				
Avez-vous d'autres commentaires à faire à propos de la télésanté? : _____ _____ <input type="checkbox"/> Auto-administré <input type="checkbox"/> Avec de l'aide <input type="checkbox"/> Verbalement par : _____				

VEUILLEZ TÉLÉCOPIER LES FORMULAIRES REMPLIS AU : 514-398-1531.
POUR TOUTE QUESTION OU TOUT COMMENTAIRE, PRIERE DE TÉLÉPHONER AU 514-398-3247.
 Adapté et utilisé avec la permission du Saskatchewan Northern Telehealth Network

PATIENT SATISFACTION SURVEY (USE FOR PATIENT CARE SESSIONS)
FAX TO : 514-398-1531

Patient code: _____	Gender		Age				
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> 0 - 20	<input type="checkbox"/> 21 - 40	<input type="checkbox"/> 41 - 60	<input type="checkbox"/> 61 - 80	<input type="checkbox"/> 80+
How satisfied were you with:							
• Your general health?							
• The length of time to get an appointment with Telehealth?							
• The ease of getting to the Telehealth site?							
• The length of time waiting in the office at Telehealth?							
• The length of time with the specialist you saw?							
• The explanation of your condition by the specialist?							
• The explanation of your treatment by the specialist?							
• The thoroughness, carefulness and skillfulness of the specialist you saw?							
• The courtesy, respect, sensitivity and friendliness of the specialist you saw?							
• How well the staff here respected your privacy?							
• How well the staff here answered your questions about the equipment?							
• How well the staff here treated you with respect?							
• Your overall treatment experience at Telehealth?							
To use the telehealth service today, did you have to:							
Arrange child care? <input type="checkbox"/> No <input type="checkbox"/> Yes: Cost to you: \$ _____							
Pay for any costs? <input type="checkbox"/> No <input type="checkbox"/> Yes: About how much (not child cost) \$ _____							
Would you use Telehealth again? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Would you recommend telehealth to another person? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Any other comments about telehealth? _____							

Self-administered With help Orally By: _____
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