

HPOM - Healthy Prospect Occupational Medicine: Post-telehealth video consultation worker evaluation FORM



Dear **TITLE:** **FIRST NAME:** **SURNAME:**

Thank you for participating in a telehealth video consultation on **DATE:**
We would like to collect feedback to improve our services and appreciate you taking the time to complete the following questions.

We will anonymously use your feedback to create a better telehealth video consultation experience for our patients and specialists. If you want your feedback to remain confidential, please select the box below.

I do not wish to have my feedback used by the practice or other specialists.

Please rate your level of agreement with the following statements. There is no right or wrong answer. We are interested in honest feedback to help us improve our telehealth video consultations.

Thank you for taking a few minutes to complete this evaluation form.

No.	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	I received the same standard of care from my video consultation, as I would have from a face-to-face consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The video consultation was convenient for me (eg. saved me travel costs, saved me taking a day off work, was easier to manage because I have limited mobility).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I felt well prepared for the video consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I would be willing to participate in another video consultation if my doctor considered it appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How could we improve our video consultation service?					
6	Other comments					

