



## Telehealth Consortium Member CATI Questionnaire - English

### *Telehealth Experience and Sustainability Evaluation*

Hello, may I please speak with <<Patient Name>>/the parent or guardian of <<Patient Name>>?

Good *morning/afternoon/evening*, my name is \_\_\_\_ and I am calling on behalf of <<CHC Name>>. Our records show that you have been a patient of <<CHC Name>> since <<Date of Registration>> and have recently received telehealth phone or video *medical/dental/behavioral health* patient care. Would you be willing to answer a few questions about your preferences and your most recent experiences as a patient?

[If Yes] Great, thank you. The results of this short confidential survey will be used to help improve future patient care.

(1) Our records show that you have had a **video or phone-based** telehealth *medical/dental/behavioral health* consultation with <<CHC Name>> in the last three months? Is this correct?

Yes  No - End Call Script  Not Sure - End Call Script

(A) [If Yes] Was your last consultation by phone, video, or a combination of both phone and video?

Phone Consultation  Video Consultation  Phone and Video Consultation  Not Sure

(i) [If Phone-Based or Not Sure] Do you think that the consultation you had would have been better if you and the provider had been able to see one another by video?

Yes  No  Not Sure

(ii) [If Phone Based or Not Sure] With some instruction, do you think that you would be able to have a video-based consultation through your smartphone, computer, or tablet in the future if this is available?

Yes  No  Not Sure

(2) When you scheduled your last telehealth care consultation, did you contact the center or did the center contact you to schedule the appointment?

I contacted the center  The center contacted me  Not Sure

(3) The last time you scheduled a telehealth care *medical/dental/behavioral health* consultation, was this for a sudden or unexpected need or for a routine consultation?

Sudden unexpected need  Routine consultation  Not Sure

(A) [If Routine Consultation] Was this routine consultation for a check-up or was it a follow-up to a previous visit or ongoing *medical/dental/behavioral health* concern?

Check-up  Follow-up to previous visit  For ongoing concern  Not Sure

(4) Did you experience any technical challenges when trying to connect with the provider for your last telehealth care consultation?

- Yes
- No
- Not Sure

(A) [If Yes] Can you describe these technical challenges or issues?

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(5) Did the center provide you with any interpreter services during your last telehealth consultation?

- Yes
- No
- Not Sure

(A) [If Yes] How would you rate the overall quality of the interpreter services? [Aided]

- Poor
- Fair
- Good
- Excellent
- NA

(6) For this last telehealth consultation, was there anything about this consultation that could have gone better?

- Yes
- No
- Not Sure

(A) [If Yes] Can you describe what could have been better about this consultation or other recent telehealth consultations at this center?

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(7) How would you rate the quality of the care received from the telehealth provider? [Aided]

- Poor
- Fair
- Good
- Excellent
- NA

(8) Overall, how would you rate your most recent telehealth experience with <<CHC Name>>?

- Poor
- Fair
- Good
- Excellent
- NA

(9) Compared with visiting the center in-person, is there anything about telehealth phone or video care that you *like better* than visiting the center in person? If yes, please describe:

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(10) Compared with telehealth phone or video care, are there any aspects of visiting the center in person that you *like better* than telehealth care? If yes, please describe:

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(11) In general, do you prefer having a *medical/dental/behavioral health* consultation in-person at the center, over the phone, or by video?

- In-person
- Phone
- Video
- Phone and Video combined
- Not Sure

(12) After Coronavirus passes, how likely are you to want to schedule future **urgent or unexpected need** appointments as a telephone or video consultation? [Aided]

- Very likely
- Somewhat likely
- Not likely
- Not sure

(13) After Coronavirus passes, how likely are you to want to schedule future **routine check-ups or exam appointments** as a telephone or video consultation? [Aided]

- Very likely
- Somewhat likely
- Not likely
- Not sure

(14) After Coronavirus passes, how likely are you to want to schedule future **follow-up visit appointments** as a telephone or video consultation? [Aided]

- Very likely
- Somewhat likely
- Not likely
- Not sure

(15) Do you have any comments or suggestions related to your experience as a *medical/dental/behavioral health* telehealth patient?

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That concludes our survey. Thank you for taking the time to answer these questions...have a nice *day/evening*.

Background Section:

(16) Patient Name \_\_\_\_\_

(17) Rendering Provider Name \_\_\_\_\_

(18) Last DOS \_\_\_\_\_

(19) Language: .....  Scale TBD