

HOME TELEHEALTH
PATIENT SATISFACTION SURVEY USING PANASONIC TELE HOMECARE UNIT

Patient Name: _____

Reason for Home Telemedicine:

1. Management of Congestive Heart Failure __
2. Management of Diabetes Mellitus ____
3. Management of Chronic Obstructive Pulmonary Disease ____
4. Management of or follow-up for Spinal Cord Injury or Dysfunction ____
5. Management of other chronic disease state ____
6. Follow-up for post-operative procedure ____
7. Follow-up care for skin integrity ____
8. None of the above; other ____

Please rate the following statement as 1 (strongly agree), 2 (agree), 3 (neutral) and 4 (disagree), 5 (strongly disagree)
The home telemedicine unit worked well.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

The home telemedicine unit was easy to use.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

The technology saved me from having to travel to the VA Medical Center for a visit

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

I think the providers have a better understanding of my care issues than they would have with a regular telephone call.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

I am glad this technology is available for consultation between clinicians involved with my care and myself.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

I would rather use this technology than come in for a visit.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

If there were problems with the home telemedicine units the problems were resolved in a timely manner (less than 48 hours)

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Thank you for completing this survey.