

We are very interested in learning about your experience with today's visit so we can make this service as useful as possible.

1. If you had not been able to get this appointment, what would you have done? [= **ALTERNATIVE** to visit]

Go to Emergency Department

Go to Urgent Care Center or walk-in clinic (e.g., CityMD)

Keep an appointment I already had someplace else

Wait until the first available appointment at your doctor's office

Wait to see if the problem gets better.

Other (please specify): \_\_\_\_\_

2. About how long would it have taken for you to get to the office?

Less than 10 minutes

Between 10 to 15 minutes

More than 15 minutes, but less than 30 minutes

More than 30 minutes

3. How would you have gotten here today?

Walked

Personal car or household member's car

Friend or family car (not in same household)

Taxi/ride share

Bus/train

Other

4. When you scheduled today's visit, how important was convenience on a scale of 1 (for not at all) to 5 (for very important)?

Not at all important

Very important

1

2

3

4

5

5. Have you had a telemedicine visit before?

Yes

No

6. How satisfied are you with the care you received here today, on a scale of 1 (for highly unsatisfied) to 5 (for highly satisfied)?

Highly unsatisfied

Highly satisfied

1

2

3

4

5

7. Did you encounter any technical issue during the visit?

Yes

No

8. Did you encounter any inconvenience during the visit?

Yes

No

9. Would connect with us virtually again, on a scale of 1 (for absolutely not) to 5 (for yes, definitely)?

Absolutely not

Yes, definitely

1

2

3

4

5

10. How would you compare the overall quality of care for this virtual visit with the quality expected of an office visit for the same problem, on a scale of 1 to 5, where 1 is much lower quality, 3 is about the same, and 5 is much higher quality?

Much lower quality

About the same

Much higher quality

1

2

3

4

5

11. How well do you think this telemedicine visit met your expectations on a scale of 1 (for not well at all) to 5 (for very well)?

Not well at all

Very well

1

2

3

4

5

12. How confident were you about your diagnosis compared to any in-person visit for this type of problem, on a scale of 1 to 5, where 1 is much less confident, 3 is about the same, and 5 is much more confident?

Much less confident

About the same

Much more confident

1

2

3

4

5

13. How did the time you spent, overall, to complete this visit by telemedicine compare with time you would usually spend to complete this visit in the office, on a scale of 1 to 5, with 1 being much less time, 3 being about the same time, and 5 being much more time?

Much less time

About the same

Much more time

1

2

3

4

5

14. What else would you like to share with us?