

Telemedicine Provider Questionnaire

1. **Date**
2. **Patient name:**
3. **Provider name:**
4. **Type of service provided**
 - a. Pain medicine
 - b. End of life care
 - c. Physical therapy
 - d. Nutrition
 - e. Geriatric oncology
 - f. Psychology
 - g. Psychiatry
 - h. Advance care planning
 - i. Other
5. **Timing of intervention**
 - a. Baseline
 - b. Follow-up
6. **Reason for intervention (select all that apply)**
 - a. Anxiety
 - b. Caregiver burden
 - c. Depression
 - d. Pain
 - e. Fatigue
 - f. Suicidal ideation
 - g. Nausea
 - h. Malnutrition

- i. Geriatric assessment
- j. Advance directive completion
- k. Other

7. Communication method

- a. E-mail
- b. Text message
- c. Telephone call
- d. WhatsApp video call
- e. Zoom video call
- f. Google Hangouts video call
- g. Other

8. Describe the most relevant findings during the intervention:

9. Length of the intervention

- a. <15 minutes
- b. 16-30 minutes
- c. 31-45 minutes
- d. >45 minutes

10. If the patient required help for communicating, who provided that help?

- a. Patient did not require help
- b. Son/daughter
- c. Husband/wife/partner
- d. Grandchildren
- e. Nephews/nieces
- f. Son in law/Daughter in law
- g. Other

11. Where other persons present during the intervention?

- a. No, only the patient
- b. Family members
- c. Friends
- d. Other staff members
- e. Others

12. Barriers for starting the intervention

- a. None
- b. Lack of communication equipment (computer, Tablet, Smartphone)
- c. Lack of internet connection
- d. Not familiar with the method of communication
- e. Other

13. Barriers during the intervention

- a. None
- b. Internet failure
- c. Poor quality sound or video
- d. Interruptions during the intervention
- e. Hearing problems
- f. Other

14. Were any materials sent after the intervention?

- a. None
- b. Dietary plan
- c. Infographics
- d. Prescription
- e. Video
- f. Other

15. Describe the treatment plan after the telemedicine encounter: