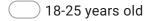
Adult Cystic Fibrosis Telemedicine Questionnaire

1. What is your age range?

Mark only one oval.



- 🔵 26-35 years old
- 36-45 years old
- 46-55 years old
- 🔵 56-65 years old
- 🕖 65+ years old
- 2. Where do you receive CF care?

Mark only	' one oval.
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Boston Children's Hospital/Brigham and Women's Hospital CF Center (ambulatory at BCH/inpatient at BWH)



WVU Medicine (adult)

3. Have you ever used telemedicine visits before?



4. What care team members did you see during your telemedicine visit? (check as many as apply)

Check all that apply.

Medical Doctor
Registered Nurse
Advanced Practice Provider (NP, PA)
Dietitian/Nutritionist
Social Worker
Mental Health Provider
Pharmacist
Respiratory Therapist
Physical Therapist
Other:

5. During your visit, do you feel you were able to see all the members of the care team you wished to?

Mark only one oval.



s Skip to question 7

No

- Skip to question 6
- 6. Which member(s) of the care team would you have liked to have seen this visit?
- 7. How satisfied were you with your overall treatment experience utilizing telemedicine services? 1-5 (1 is not satisfied at all, 3 is neutral, 5 is most satisfied)



8. How convenient was this visit for you? (1 is not convenient, 3 is neutral, 5 is very convenient)

Mark only one oval.



9. How concerning was the lack of pulmonary function testing as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

Mark only one oval.



 How concerning was the lack of vital signs (oxygen saturation measurement, heart rate, etc) and physical exam (provider listening to my chest) as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

11. How concerning was the lack of throat or sputum culture testing as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)



12. How concerning was the lack of a weight measurement as part of your telemedicine visit? 1-5 (1 is not concerning, 5 is very concerning)

Mark only one oval.



13. I feel that all of my issues and concerns were addressed during my telemedicine visit.

Mark only one oval.



14. At your last telemedicine visit, do you feel you had adequate time to speak with the care team? (1 is strongly disagree, 5 is strongly agree)

Mark only one oval.



15. How did you access your telemedicine visit?

- Cellphone/Smartphone audio only
- Cellphone/Smartphone
- Computer/Laptop
- Tablet/iPad

16. Did you experience difficulty logging onto the telemedicine visit?

Mark only one oval.

\bigcirc		Yes
\bigcirc)	No

17. We see you routinely throughout the year for CF care. If telemedicine visits were offered in the future, about how many visits would you prefer to be completed by telemedicine?

Mark only one oval.

- None
 Some visits
 Most visits
 All visits
- 18. If telemedicine visits were to be offered in the future, would you be interested in technology that might allow you to assess your lung function at home?



19. For future telemedicine visits, would you prefer to have all providers on the video at the same time or have one to one conversation with each member of the CF Care team?

Mark only one oval.

- Prefer to meet all providers at same time
- Prefer to have one to one conversation with each member of CF Care team
- No preference
- 20. Is there anything the CF Care Team could do to make your telemedicine visit better?

21. Please provide any additional comments (positive, negative, or challenges) you may have about your telemedicine visit.



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