HSS Telemedicine Patient Research Survey (2020)

1.	Today's Date	
	Example: January 7, 2019	
	Please select the surgery you had: Mark only one oval. Total Knee Replacement Partial Knee Replacement Total Hip Replacement Revision Total Hip Replacement Revision Total Hip Replacement New Consultation (no surgery) Follow-up (no surgery)	
3.	Please select your age range:	
	Mark only one oval. 18-25 26-40 41-65 66-80 >81	
	Please select your employment status:	
	Mark only one oval. Full-time Part-time Unemployed Medical teave Retired	
5.	If employed, are you currently working from home?	
	Mark only one oval.	
6.	Have you ever done a virtual consultation with a healthcare provider PRIOR to your experience at HSS?	
	Mark only one oval. Yes - if yes', please answer the next question No - if no', please proceed to question #2	
7		
	If you answered yes' to question #1, please select the circumstance that lead to a virtual consultation instead of outpatient visit: Mark only one oval. Provide only offers telehealth consultations Inability to traved due to illness and/or compromised mobility Unexpected circumstances that prevented you from attending an outpatient appointment Clinician's practice is very far from home (distance requiring an overright stay, practice is in a different state etc.) COVID-19 Other:	
8.	2. What was the reason for your virtual appointment at HSS?	
	Mark only one oval. New consultation 4 to week post-operative follow-up 1 - year post-operative follow-up New issue unrelated to your surgery Physical therapy Other:	
9.	How satisfied are you with the support you received during the transition process to telemedicine at HSS?	
	Mark only one oval. Very satisfied Satisfied Silphity satisfied Silphity satisfied Disastified Disastified Very dissatisfied Very dissatisfied	
10.	(Optional) Do you have any suggestions for how we may improve ways to support patients in transitioning to virtual care at this time and moving	forward?
11.	4. What sort of device(s) did you use?	
	Check all that apply: Check II that apply: Phone	

12.	5. Did you require assistance from another person in order to set up the virtual
	consultation?
	Mark only one oval.
	☐ Yes ☐ No
	6. Did you experience technical difficulties while accessing the communication platform on your device?
	Mark only one oval.
14.	7. Did you experience technical difficulties at any point during the virtual visit? Mark only one oval.
15	8. How were image and/or audio quality throughout the virtual visit?
13.	Mark only one oval.
	Very good
	_ log year
	☐ Fair
	Poor Very poor
16	9. What positive things did you experience during the virtual consultation?
	y, miss positive raings au you experience during the wittee Consoliation? Closed after apply:
	Check all that apply.
	Feeling more at ease and in control being in a familiar environment Less anciety and stress related to swaqusting to the cities, revalgating to the cities revalgating
	Less anxiety and stress related to traveling to the clinic, navigating the hospital, etc. Opportunity for the physician to assess your home environment and how it may impact your recovery Longer spoothing time
	Control supportances under Control Support Con
	10. What negative things, if any, did you experience during the virtual consultation?
	Check all that apply: Check all that apply.
	United as one apply. Shorter appointment time
	A sense of decreased interpersonal connection with your physician Difficulty addressing concerns or symptoms in the absence of a in-person physical exam
	Technical difficulties that disrupted the visit
	None
10	(Chains) Bears tell unmore short transported appropriate and local amounts imported by the transition to telegradicine
18.	(Optional) Please tell us more about your personal experience and how it may be impacted by the transition to telemedicine.
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19.	III. Did you notice a reduction in expenses using telemedicine versus outpatient care at HSS? Mark only one oval. We - if yet, please answer the following question No - if hot, please proceed to question #12. If you answered yes' to question #11, which of the following categories were associated with any cost savings? Check all that apply. Travel
19.	III. Did you notice a reduction in expenses using telemedicine versus outpatient care at HSS? Mark only one oval. Yes - if yes, please answer the following question No - if hot, please proceed to question #12. If you answered yes' to question #11, which of the following categories were associated with any cost savings? Check all that apply. Travel Work
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24.	15. Do you feel that you were able to discuss all or most of your concerns during the consultation?
	Mark only one oval.
	○ Yes
	Neutral
	○ No
25.	16. Did you receive rehabilitation or other services via telemedicine at HSS?
	Mark only one oval.
	○ Yes
	□ No
0.0	
26.	17. Overall, compared to standard outpatient treatment, how would you describe your telemedicine experience?
	Mark only one oval.
	Best imaginable
	☐ Excellent
	□ Good □ OK
	UN O Poor
	O Anful
	Worst imaginable
27	18. Would you consider continuing telemedicine care in addition to outpatient treatment at HSS?
21.	
	Mark only one oval.
	○ Yes
	Maybe No
	∪ NO

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