

# HSS Telemedicine Patient Research Survey (2020)

1. Today's Date

*Example: January 7, 2019*

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2. Please select the surgery you had:

Mark only one oval.

- Total Knee Replacement
- Partial Knee Replacement
- Total Hip Replacement
- Revision Total Knee 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

4. Please select your employment status:

Mark only one oval.

- Full-time
- Part-time
- Unemployed
- Medical leave
- Retired

5. If employed, are you currently working from home?

Mark only one oval.

- Yes
- No
- N/A

6. 1. 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.

- Provider only offers telehealth consultations
- Inability to travel 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 overnight 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 - 6 week post-operative follow-up
- 1 - year post-operative follow-up
- New issue unrelated to your surgery
- Physical therapy
- Other: \_\_\_\_\_

9. 3. How satisfied are you with the support you received during the transition process to telemedicine at HSS?

Mark only one oval.

- Very satisfied
- Satisfied
- Slightly satisfied
- Slightly dissatisfied
- 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?

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11. 4. What sort of device(s) did you use?

Check all that apply:

- Phone
- Tablet
- Computer

12. 5. Did you require assistance from another person in order to set up the virtual consultation?

Mark only one oval.

- Yes  
 No

13. 6. Did you experience technical difficulties while accessing the communication platform on your device?

Mark only one oval.

- Yes  
 No

14. 7. Did you experience technical difficulties at any point during the virtual visit?

Mark only one oval.

- Yes  
 No

15. 8. How were image and/or audio quality throughout the virtual visit?

Mark only one oval.

- Very good  
 Good  
 Fair  
 Poor  
 Very poor

16. 9. What positive things did you experience during the virtual consultation?

Check all that apply:

Check all that apply:

- Feeling more at ease and in control being in a familiar environment  
 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 appointment time  
 None of the above

17. 10. What negative things, if any, did you experience during the virtual consultation?

Check all that apply:

Check all that 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

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. 11. 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 'no', please proceed to question #12

20. If you answered 'yes' to question #11, which of the following categories were associated with any cost savings?

Check all that apply:

Check all that apply:

- Travel  
 Work  
 Medical

Other:

21. 12. Compared to in-person visits, how would you rate your personal engagement and attentiveness to your own health and recovery?

Mark only one oval.

- Much better  
 Better  
 Same  
 Worse  
 Much worse

22. 13. Did you find an increase in convenience and flexibility with virtual follow-up care compared to outpatient treatment?

Mark only one oval.

- Yes  
 Neutral  
 No

23. 14. Did you experience the same degree of attention and interaction with your physician as you would expect in the exam room?

Mark only one oval.

- Yes  
 Neutral  
 No

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

26. 17. Overall, compared to standard outpatient treatment, how would you describe your telemedicine experience?

Mark only one oval.

- Best imaginable
- Excellent
- Good
- OK
- Poor
- Awful
- Worst imaginable

27. 18. Would you consider continuing telemedicine care in addition to outpatient treatment at HSS?

Mark only one oval.

- Yes
- Maybe
- No

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