

1. How satisfied were you with your last in-office visit?
 - a. Very satisfied
 - b. Satisfied
 - c. Neutral
 - d. Dissatisfied
 - e. Very dissatisfied
2. How much time did this in-office visit require (in minutes) including travel?
3. How satisfied were you with your telemedicine visit?
 - a. Very satisfied
 - b. Satisfied
 - c. Neutral
 - d. Dissatisfied
 - e. Very dissatisfied
4. How much time did this telemedicine visit require (in minutes) including set up?
5. Would you use telemedicine for a visit in the future?
 - a. Yes
 - b. No
 - c. No preference
6. Would you have preferred to have in-office or telemedicine visits?
 - a. In-office
 - b. Telemedicine
 - c. No preference
7. How would you rate the ease-of-use in setting up/utilizing the telemedicine platform?
 - a. Very difficult
 - b. Somewhat difficult
 - c. Neutral
 - d. Somewhat easy
 - e. Very easy
8. On a scale of 1-5, please rate the following:
 - a. Physician's communication:
 - b. Physician's physical examination:
 - c. Physician's explanations of plan/options:
 - d. The amount of time you had to speak with the physician:
9. How would you rate your current pain level (VAS) [†]
10. Did you require assistance to get to your appointment/set up the telemedicine appointment? (Yes/No)
11. Did this visit require you to take off of work?
 - a. Yes
 - b. No
 - c. N/A

*Associated scale values are as follows: 1 - very poor, 2 - poor, 3 - neutral, 4 - good, 5 - very good

[†]Standard 0-10 VAS pain scale was used