

Background: (staff to complete)

patient number: -----

Seen by PCP today	Yes	No		
How long have you lived in the US (years)?				
Country of origin				
Preferred language				
Type of visit (circle one)	tele = 1	video = 2	live = 3	
Reason for visit (ECV or FOV) (circle one)	Specific indication =			

Satisfaction: (patient to complete)

(1=definitely disagree, 2=disagree, 3=neutral, 4=somewhat agree, 5=definitely agree)

Access to care	1	2	3	4	5
1. I was able to schedule today's visit soon enough					
2. I saw the provider I wanted to see today					
3. I got the type of visit (telemedicine vs live) I wanted today					
Interpersonal interaction					
4. In this visit, my provider spent enough time with me					
5. In this visit, my provider listened to me					
6. In this visit, my provider addressed all my concerns					
7. In this visit my provider showed me respect					
Quality of care					
8. In this visit, the quality of care was excellent					
9. I would recommend the provider I saw today to family					
Next visit preference					
10. (If today was a Televisit), I prefer a televisit for my next visit					
11. (If today was a Livevisit) I prefer a live visit for my next visit.					
12. Why or why not? (circle one)	Convenience	time lost from work	time with provider	Visit quality	Other (use back)