**Telehealth Online Feedback Form**

We are keen to learn about your Telehealth experience and would appreciate feedback on your recent Telehealth appointment. You can submit your feedback anonymously if you do not wish to provide your details.

I am a ❑ Patient ❑ Carer ❑ Clinician

Name (optional):

Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Treating Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I joined the Telehealth appointment from: ❑ home

 ❑ a Tasmanian Health Service hospital/facility

 ❑ an Aged Care facility

 ❑ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I joined the Telehealth appointment using a: ❑ desktop computer

 ❑ smart phone or tablet

 ❑ Polycom Unit or Computer on Wheels

My age group is:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Under 18 | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | Over 65 | Prefer not to say |

Please rate your level of agreement with the following statements (Please tick):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Partially agree | Disagree | Strongly Disagree |
| The level of care provided in the Telehealth appointment was as good as a face-to-face visit |  |  |  |  |  |
| I felt comfortable engaging in this environment. It was easy to receive information and ask questions.  |  |  |  |  |  |
| The privacy of health information was maintained during this appointment |  |  |  |  |  |
| The quality of the audio (sound) and video (picture) during the Telehealth call was satisfactory |  |  |  |  |  |
| I would recommend Telehealth to a friend, family member or colleague |  |  |  |  |  |

If Telehealth was not available, how far would you have travelled for your appointment?

 Approximate kms for return trip to your appointment if attended face to face.

|  |  |  |  |
| --- | --- | --- | --- |
| 15 - 99 kms | 100 - 199 kms | 200 - 299 kms | More than 300 kms |
|  |  |  |  |

What did you like most about your Telehealth appointment? (tick all that apply)

|  |  |
| --- | --- |
| Saved time and money on travel and parking |  |
| Convenience of being able to connect from the comfort of my home |  |
| Family support/carers could join the consultation |  |
| Attended at a local clinic with familiar health professionals |  |
| Telehealth was easy to use |  |
| Being able to see each other rather than just talk on the phone |  |
| Healthcare could still be delivered even during COVID restrictions |  |

Who was with you in your Telehealth appointment? (tick all that apply)

|  |  |
| --- | --- |
| Nurse |  |
| General Practitioner |  |
| Midwife |  |
| Family/Support |  |
| Carer |  |
| Interpreter |  |
| Educator |  |

Are there any comments you would like to make?

|  |
| --- |
|  |

Please return this form to Telehealth Tasmania by email telehealth@ths.tas.gov.au

or leave it at your nearest THS facility and ask them to email the form to Telehealth.

**Thank you for taking the time to provide feedback.**

**For THS Clinicians:**

Would you appreciate contact from your local Telehealth Coordinator for additional information/training?

Please provide your best contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_