HSS Telemedicine Patient Research Survey (2020)

1. Today's Date

Example: January 7, 2019

2. Please select the surgery you had:
   Mark only one box:
   - 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 box:
   - 18-25
   - 26-40
   - 41-65
   - 66-80
   - >81

4. Please select your employment status:
   Mark only one box:
   - Full-time
   - Part-time
   - Unemployed
   - Medical leave
   - Retired

5. If employed, are you currently working from home?
   Mark only one box:
   - Yes
   - No
   - N/A

6. Have you ever done a virtual consultation with a healthcare provider PRIOR to your experience at HSS?
   Mark only one box:
   - Yes - if "yes", please answer the next question
   - No - if "no", please proceed to question #2

7. If you answered "yes" to question #6, please select the circumstance that led to a virtual consultation instead of an outpatient visit:
   Mark only one box:
   - Provider only offers telehealth consultations
   - Inability to travel due to disease and/or compromised mobility
   - Unexpected circumstances (lost your job and/or have a surgery appointment)
   - Distance from Home or hospital requiring an overnight stay, practice is in a different state etc.
   - COVID-19
   - Other:

8. What was the reason for your virtual appointment at HSS?
   Mark only one box:
   - New consultation
   - 1-6 weeks post-operative follow-up
   - 7+ weeks 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 box:
   - Very satisfied
   - Satisfied
   - Slightly satisfied
   - 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. What sort of device(s) did you use?

   Check all that apply:
   - Phone
   - Tablet
   - Computer
12. S. Did you require assistance from another person in order to set up the virtual consultation?
   Mark only one oval:
   ☐ Yes
   ☐ No

13. A. Did you experience technical difficulties while accessing the communication platform on your device?
   Mark only one oval:
   ☐ Yes
   ☐ No

14. F. 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):
   - Feeling more at ease and in control being in a familiar environment
   - Less anxiety and stress related to travelling 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):
   - Shorter appointment time
   - Sense of diminished interpersonal connection with your physician
   - Difficulty addressing concerns or symptoms in the absence of 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.

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

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):
   - Health
   - Travel
   - 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. 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
16. 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

16. Did you receive rehabilitation or other services via telemedicine at HSS?
   Mark only one oval.
   □ Yes
   □ No

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

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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