1. Is this the first time you have been seen by a health care provider via a telemedicine service?
   ○ Yes  ○ No

   Please complete the following:

2. If a telemedicine service was not available or not an option for my problem today, I would have:
   ○ Driven to the practice to be seen in person.
   ○ Driven to an urgent care or emergency center.
   ○ Made an appointment for another day.
   ○ Chosen to not have been seen and treated.

3. If I had been required to travel to see a health care provider, (check all that apply)
   ○ I would have lost time at work.
   ○ I would have incurred additional expenses. (Please specify) __________________________
   ○ Other (Please specify) _______________________________________________________

4. I feel my health care provider was able to address my problem appropriately today.
   ○ Strongly Agree
   ○ Agree
   ○ Neutral
   ○ Disagree
   ○ Strongly Disagree

5. Overall, I am satisfied with my telemedicine encounter.
   ○ Strongly Agree
   ○ Agree
   ○ Neutral
   ○ Disagree
   ○ Strongly Disagree

General Comments/Suggestions:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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