

CCHT Patient Satisfaction Survey Version 2

“It is important to know what you think about the Home Telehealth program. Please answer the following eight questions. The OMB survey approval number is **2900-0766**. ”

****Notes:**

1. The numbers in parentheses are how the response will be scored in the database.

Home Telehealth Patient Satisfaction Questionnaire Content:

1. My care coordinator explains things in a way that is easy to understand.

- Always (1)
- Usually (2)
- Sometimes (3)
- Never (4)

2. The information provided by my care coordinator has helped me manage my health problem(s).

- Strongly Agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

3. Over the past 3 months, my home telehealth equipment works:

- Always (1)
- Usually (2)
- Sometimes (3)
- Never (4)

4. My home telehealth equipment is easy to use.

- Strongly Agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

5. I have made changes in the way I take care of myself as a result of the VA home telehealth program.

- Strongly Agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

6. When I have questions, I am able to contact my care coordinator during business hours.

- Always (1)
- Usually (2)
- Sometimes (3)
- Never (4)

7. Using the VA home telehealth program has made a positive difference in my health.

- Strongly Agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

8. I would recommend a home telehealth program to others.

- Strongly Agree (1)
- Agree (2)
- Disagree Strongly (3)
- Disagree (4)