

Consumer feedback form

Your feedback helps us improve our Telehealth services. By completing the form, you are allowing us to use your responses for evaluation purposes and share the responses with other health professionals. Your personal information will **not** be identified.

Program / Specialty / Service Name: _____

Appointment Date: ____/____/____

I am completing this Form as a: Patient / Consumer / Carer / Family Member
/ Other: _____

Home Postcode: _____ **Age:** _____ **Gender:** _____

I identify as Aboriginal / Torres Strait Islander: Yes / No:

Session questions: (circle option number or write answer as applicable)

1.	Where were you when receiving the service? 1 At Home 2 A Health Facility 3 Private Hospital 4 GP Clinic 5 Other (please state): _____
2.	Health Care Professional Role Providing this Service: 1 Doctor 2 Nurse 3 Pharmacist 4 Physiotherapist 5 Dietician 6 Social Worker 7 Phycologist 8 Other: _____
3.	Was this the first time you had met this health care professional? 1 Yes 2 No
4.	Reason for Use (eg. Far from service provider / Covid-19)



5.	Type of Technology Used: 1 Phone Call 2 Digital Telehealth Network (Video Conferencing) / 3 Health Direct (Video Conferencing) / 4 Other: _____
6.	On the scale below: How experienced are you in using phone or an audio visual method for an appointment? No Experience Very Experienced 5 4 3 2 1
7.	I was given enough information prior to the session about how the process works. Strongly agree Agree Not sure Disagree Strongly disagree 5 4 3 2 1
8.	I received the same standard of care from my video consultation as I would have from a face-to-face consultation. Strongly agree Agree Not sure Disagree Strongly disagree 5 4 3 2 1
9.	I would use the video consultation service again. Strongly agree Agree Not sure Disagree Strongly disagree 5 4 3 2 1
10.	If you disagree then please tell us why?
11.	Without a video consultation I probably would have: (please select all that apply) 1. I live in metropolitan Adelaide and would have attended a hospital 2. Travelled from country to metropolitan Adelaide to receive care. 3. Waited for a specialist to visit my area to receive care. 4. Delayed receiving care until my condition got worse. 5. Been about the same. Not worse or better. 6. Gotten better on my own. 7. Not accepted a referral at all. 8. Other. Please explain: _____
12.	Compared with face-to-face consultation, I gained more, less or the same understanding of my condition? <div style="text-align: center;"> More Same Less </div>
13.	How could we improve the video consultation service?
14.	The technology was easy to use: Strongly agree Agree Not sure Disagree Strongly disagree 5 4 3 2 1

15.	<p>What is your preference in the future: - would you prefer: (Circle one)</p> <p>1 to have video consults only for your appointments?</p> <p>2 a mix of face to face and video?</p> <p>3 Only face to face</p> <p>If you answered “only face to face” – tell us why:</p>										
17.	<p>In general, I am comfortable with technology:</p> <table border="0"> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Not sure</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	5	4	3	2	1
Strongly agree	Agree	Not sure	Disagree	Strongly disagree							
5	4	3	2	1							
18.	<p>Are there any other barriers to you using this type of technology at home?</p> <p>1 No real personal or technical barriers</p> <p>2 I don't own a computer or device for video conferencing</p> <p>3 I don't have available data / internet available to use</p> <p>4 Other:</p> <p>_____</p>										
19.	<p>How was the video quality?</p> <table border="0"> <tr> <td>Excellent</td> <td>Good</td> <td>Average</td> <td>Bad</td> <td>Very Bad</td> </tr> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Excellent	Good	Average	Bad	Very Bad	5	4	3	2	1
Excellent	Good	Average	Bad	Very Bad							
5	4	3	2	1							
20.	<p>How was the audio quality?</p> <table border="0"> <tr> <td>Excellent</td> <td>Good</td> <td>Average</td> <td>Bad</td> <td>Very Bad</td> </tr> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Excellent	Good	Average	Bad	Very Bad	5	4	3	2	1
Excellent	Good	Average	Bad	Very Bad							
5	4	3	2	1							
21.	<p>Please describe any issues with video or audio quality encountered:</p>										
22.	<p>Was there a support person in the room with you for your session?</p> <p>1 Doctor</p> <p>2 Nurse</p> <p>3 Carer / Family Member</p> <p>4 No one</p>										
23.	<p>Any additional comments?</p>										

Staff only - If any issues have been identified, have these issues been dealt with at a local level? Please provide details.

Thank you for taking the time to complete our questionnaire – we value your feedback. If issues have been identified that cannot be dealt with by staff at a local level please send this form to the Digital Telehealth Network immediately. Please send completed feedback forms to SDigitalTelehealthNetwork@health.sa.gov.au.

For more information

SA Digital Telehealth Network
HealthSADigitalTelehealthNetwork@sa.gov.au
www.sahealth.sa.gov.au

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