

Post-Visit Patient Survey for Primary Care Video Visits

Date of Visit: _____ Scheduled Time of Visit: _____ Visit Duration: _____ min

Clinic Name: _____ Patient Age: _____

Chief Complaint/ Reason for Visit: _____

Please ask your patient the following questions at the end of the video visit. If your patient declines to respond to this survey, please note their reason in the comments section at the bottom of this form.

1) Compared to an in-person visit, how would you compare your experience with the video visit today:

	Video visit is better.	There is no difference.	In-person visit is better.	Does not apply.
Finding a convenient time for the visit in my schedule				
The amount of time I wait for the clinician				
The personal connection I feel with the clinician during the visit				
I was satisfied with my care				

(Ask Question 2 only if the patient has had a telephone visit with the clinic before, if not, skip to Question 3)

2) Compared to a telephone visit, how would you compare your experience with the video visit today?

	Video visit is better.	There is no difference.	Phone visit is better.	Does not apply.
Finding a convenient time for the visit in my schedule				
The amount of time I wait for the clinician				
The personal connection I feel with the clinician during the visit				
I was satisfied with my care				

3) For your future visits, if you could choose between phone or video which would you prefer? Why?

4) Please share any feedback or comments you have for us regarding your experience with your video visit today
