

Phone Clinic Satisfaction Questionnaire

Date of clinic: _____

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|--|-------------------|----------|---------------------------|-------|----------------|-----------------------|
| The doctor listened to me | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree | <i>Not applicable</i> |
| My concerns were addressed | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree | <i>Not applicable</i> |
| I was able to talk to the doctor as I would in my normal clinic appointments | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree | <i>Not applicable</i> |
| I would recommend phone clinic to other patients | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree | <i>Not applicable</i> |
| I would consider phone clinics useful for other health conditions | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree | <i>Not applicable</i> |
| Overall, I am satisfied with the phone clinic | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree | <i>Not applicable</i> |

Any other comments:

Thank you for your feedback