

## Virtual care - patient experience real time question set

1. Were you able to get an appointment time that suited you?

Please select one box

Yes, definitely

Yes, to some extent

No

Don't know/can't remember

2. What equipment did you use for the appointment?

Please select one box

Windows computer

Mac computer

iPad

Android tablet

Smartphone

Hospital computer

Other (please describe):

3. Did you experience any problems with the connection or technology during this virtual care appointment?

Please select one box

Yes

No (skip Q4)

4. What problems did you have with the connection or technology?

*Please select all that apply*

- The sound was difficult to hear
- The video was difficult to see
- The connection dropped out unexpectedly
- I had to refresh the page
- I had poor signal or bandwidth
- I ran out or didn't have enough data to complete the call
- My equipment didn't work (e.g. microphone, webcam)
- The health professional(s) had technical difficulties on their side
- I had difficulty understanding the instructions on how to connect
- I was unable to get in contact with anyone when I needed help
- I needed to change videoconferencing platforms
- Other (please describe):

*Thinking about the care and treatment you received during your virtual care appointment:*

5. Were you involved, as much as you wanted to be, in decisions about your care and treatment?

*Please select one box*

- Yes, definitely
- Yes, to some extent
- No
- I didn't want or need to be involved

6. Did the health professional(s) listen carefully to any views and concerns you had?

*Please select one box*

- |                                     |                          |
|-------------------------------------|--------------------------|
| Yes, definitely                     | <input type="checkbox"/> |
| Yes, to some extent                 | <input type="checkbox"/> |
| No                                  | <input type="checkbox"/> |
| I didn't have any views or concerns | <input type="checkbox"/> |

7. Did the health professionals explain things in a way you could understand?

*Please select one box*

- |                |                          |
|----------------|--------------------------|
| Yes, always    | <input type="checkbox"/> |
| Yes, sometimes | <input type="checkbox"/> |
| No             | <input type="checkbox"/> |

8. Compared to an in-person appointment, was your virtual care experience:

*Please select one box*

- |                |                          |
|----------------|--------------------------|
| Better         | <input type="checkbox"/> |
| About the same | <input type="checkbox"/> |
| Not as good    | <input type="checkbox"/> |

9. Overall, how would you rate the virtual care you received?

*Please select one box*

- |                       |                          |
|-----------------------|--------------------------|
| Very good             | <input type="checkbox"/> |
| Good                  | <input type="checkbox"/> |
| Neither good nor poor | <input type="checkbox"/> |

Poor

Very poor

**NB – the following question should only be included after appropriate moderation arrangements are in place:**

10. What would have made your appointment better?

*Please provide a comment*

Additional demographic information should be collected for analytical purposes:

- age
- gender
- language spoken at home (English/a language other than English).