



# Primary Care Patient/Client Virtual Care Experience Survey

## **Primary Care Patient/Client Virtual Care Experience Survey**

Virtual care refers to health care provided by means other than in-person contact. This can include telephone, videoconference (e.g. OTN, Facetime, Zoom, Skype, WhatsApp, Google Meet/Hangout, etc.), chat/text messaging, secure messaging, or email.

Have you or someone you care for received virtual care from your family doctor, nurse practitioner or one of our other health care team members? If so, we want to hear from you!

Please complete the survey below to let us know how satisfied you were with your virtual care experience. Please think about your **most recent** experience either receiving virtual care or accompanying someone who was receiving virtual care.

Results are anonymous and confidential and will be used for future service planning. By completing the survey, you are providing consent for your answers to be used for quality improvement purposes. Thank you for considering participating in the survey!

### **I am completing this survey:**

- For myself
- For myself with the help of another person
- For a family member or friend
- For the patient or client
- For another person
- Other (please specify your relationship with the patient, not your name): \_\_\_\_\_

Access: This section will address questions about availability of virtual appointments and your virtual connection with a provider.

### **1. Thinking of the most recent time you received care virtually:**

#### **a. When your last appointment was booked, when did you receive an appointment for?**

- Same day
- Next day
- 2 to 3 days
- 4 to 5 days
- More than 5 days. Please enter the number of days: \_\_\_\_\_
- N/A

#### **b. Did you feel that your health concern needed to be addressed within the same day or next day?**

- Yes
- No
- Don't know

**2. Thinking of the most recent time you received care virtually:**

**a. Before virtually connecting with your provider, did you receive any instructions on how to connect?**

- Yes
- No
- Not required

**b. How did you connect with your provider? (please select all that apply)**

- Telephone
- Videoconference (e.g. OTN e-visit, Facetime, Zoom, Skype, WhatsApp, Google Meet/Hangout, etc.)
- Chat/Text Message
- Secure Messaging
- Email
- Other: \_\_\_\_\_

**c. Would this be your preferred method of contact? (Other than face-to-face)**

- Yes
- No

**d. Have you experienced any of the following issues or concerns in relation to this appointment? (please select all that apply)**

- Instructions to join virtual visit were unclear
- Concerns about privacy and security
- More comfortable with in-person visit
- Health issue required an in-person visit to address
- Not comfortable with technology
- Connectivity issues (ex: Had to switch mode of communication during visit)
- Other, please specify:

---

---

**e. Are there limitations that prevent you from connecting with your provider virtually? (please select all that apply)**

- No or unreliable access to internet
- No or unreliable access to a phone
- No access to a computer/laptop/tablet
- No limitations
- Other, please specify:

---

---

**3. If you weren't offered virtual care by your clinic, what would you have done?**

- Booked an in-person appointment with my doctor or nurse practitioner
- Called Telehealth Ontario
- Called the office and try to resolve my issue over the phone
- I would not have sought care at the time
- Used a different virtual service (e.g. Maple, seethedoctor.ca)
- Visited a walk-in-clinic
- Visited the Emergency Room
- Other (please specify) \_\_\_\_\_

Overall Experience: This section will ask you about how you felt about the care you received during your most recent virtual appointment.

**4. How would you rate your overall experience with virtual care?**

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied

**5. Overall, compared to an in-person visit how was your experience with receiving care virtually?**

- Worse** than an in-person visit
- Same** as an in-person visit
- Better** than an in-person visit
- Unsure**

**Comments:**

---

---

**6. How likely are you to recommend virtual care to friends and family?**

- Very unlikely
- Unlikely
- Neutral / I don't have a preference either way
- Likely
- Very likely

**7. Thinking about the most recent time you received care virtually, please tell us how much you agree or disagree with the following statements:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
My health concern was addressed with the virtual visit.						
I was able to communicate my health issue virtually as well as I would have in-person.						
I had an opportunity to ask questions about recommended treatment.						
I was involved as much I wanted to be in decisions about my care and treatment.						
My healthcare provider spent enough time with me.						
Virtual care saved me time.						
Virtual care saved me money (e.g. by not having to pay for transportation/parking, care for dependents, not having to take time off work, etc.).						
The technology was easy to use.						
The level of privacy and confidentiality maintained during my appointment was appropriate.						
I felt safe (emotionally and physically) during my virtual appointment.						

Future use of Virtual Care: In this section we would like your thoughts on how to improve the future use of virtual care.

**8. How likely are you to choose to receive care virtually again (where appropriate) when in-person visits are more available?**

- Very unlikely  
 Unlikely  
 Neutral / I don't have a preference either way  
 Likely  
 Very likely

Please explain: -

---



---



---

**9. Please select your preferred virtual method(s) of contacting your provider in the future (please select all that apply).**

- Telephone
- Videoconference (e.g. OTN e-visit, Facetime, Zoom, Skype, WhatsApp, Google Meet/Hangout, etc.)
- Chat/Text message
- Secure messaging
- Email
- Other: \_\_\_\_\_

**10. Are you interested in virtual group appointments (e.g. with multiple providers)?**

- Yes
- No

Additional questions: This section will capture your final thoughts.

**11. Thinking of your most recent experience with virtual care, what are...?**

**a. Two things done particularly well:**

i. \_\_\_\_\_

ii. \_\_\_\_\_

**b. Two things that could be improved:**

i. \_\_\_\_\_

ii. \_\_\_\_\_

**12. Do you have any other questions or comments that you would like to share?**

---



---



---

**To help us better understand survey results, please answer the following questions in reference to the individual who received care.**

**1. Please select your age:**

- 19 or younger
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80 and older
- Prefer not to answer

**2. Self-Identified gender:**

- Female
- Male
- Non-binary/third gender
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

**3. Is English your preferred language?**

- Yes
  - No
- If No,** what is your preferred language? \_\_\_\_\_

**4. Overall, how would you rate your knowledge with computers or technology?**

- None
  - Basic
  - Average
  - Advanced
  - Expert
- Additional Comments: \_\_\_\_\_

**5. In general, how would you rate your overall health?**

- Poor
- Fair
- Good
- Very good
- Excellent

**Thank you for completing our survey!**