

Appendix. Survey

1. ELECTRONIC CONSENT:

Please select your choice below.

Clicking on the "agree" button below indicates that you have read the consent form, you voluntarily agree to participate, and you are at least 19 years of age.

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

- a. Agree
- b. Disagree

2. How old are you?

3. What is your gender?

- a. Male
- b. Female

4. What city/town do you live in?

5. What was the nature of the telephone visit?

- a. First visit
- b. Routine followup
- c. Followup test results
- d. To discuss a procedure, intervention or surgery
- e. Other (please specify)

6. How satisfied are you with the following?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The time you had to wait before you finally spoke to a doctor					
The way your phone call was arranged					
The attitude of the doctor					
The explanation the doctor gave you about your problem					
The treatment or advice you were given					
Overall, how satisfied were you with the service received?					

7. I would have preferred an in-office visit
 - a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
8. Please write any additional comments regarding your telephone visit experience: