

Telehealth Satisfaction Scale (TESS Performa)

Patient Satisfaction Performa

Patient name _____

NHS no: _____

Diagnosis _____

Consent _____

Filled by: _____

| Serial No | Quality Parameters | Likert scale | | | | |
|-----------|---|--------------|---------|---------|-----------|--------------|
| | | 1(Poor) | 2(Fair) | 3(Good) | 4(V good) | 5(Excellent) |
| 1 | The voice quality of the equipment | | | | | |
| 2 | The visual quality of the equipment | | | | | |
| 3 | Your personal comfort in using the Telehealth system | | | | | |
| 4 | The ease of getting to the telehealth department | | | | | |
| 5 | The length of time with the breast consultation | | | | | |
| 6 | The explanation of your treatment by the breast Clinic team | | | | | |
| 7 | The thoroughness, carefulness and skilfulness of the breast clinic team | | | | | |
| 8 | The courtesy, respect, sensitivity, and friendliness of the breast Clinic team | | | | | |
| 9 | How well your privacy was respected | | | | | |
| 10 | How well the staff answered your questions about the equipment | | | | | |
| 11 | How satisfied were you with your overall treatment experience at using telehealth | | | | | |
| 12 | How satisfied were you with the length of time to get this appointment?" | | | | | |