Thank you for participating in the MeHCA Project. Your opinions and experiences are important to us; please take a few minutes to fill out this survey.

First Name: ____________________  Last Name: _____________________

**Quality of Life**

The following questions ask you how you feel about your quality of life. Please choose the answer that appears most appropriate. If you are unsure, the first response you think of is often the best one. Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life in the last 4 weeks.

A1.  How would you rate your quality of life?

☐ Very poor  ☐ Poor  ☐ Neither good nor poor  ☐ Good  ☐ Very good

A2.  How often do you have negative feelings such as blue mood, despair, anxiety, or depression?

☐ Never  ☐ Seldom  ☐ Quite often  ☐ Very often  ☐ Always
A3. Would you say your health in general is Poor, Fair, Good, Very good or Excellent?
   - Poor
   - Fair
   - Good
   - Very good
   - Excellent

A4. Have you been diagnosed with any of the following conditions?
   - Heart Disease
   - Cancer
   - Stroke
   - Chronic Obstructive Pulmonary Disease
   - Diabetes
   - Kidney Disease
   - Liver Disease
   - High Blood Pressure (Hypertension)
   - Parkinsons Disease
   - Alzheimer’s Disease or Other Dementia

Medical Services Utilization

B1. During the past 3 months, were you a patient in a hospital overnight or longer?
   - No
   - Yes. If yes, how many nights? _____

B2. In the past 3 months, did you see or talk to a doctor, or nurse, or any other type of medical provider about your health?
   - No
   - Yes. If yes, how many nights? _____

B3. Do you have access to adequate healthcare?
   - Yes
   - No. If no, what barriers are there to receiving adequate healthcare?
     Check all that apply:
     - I can’t afford healthcare
     - I don’t have transportation to receive healthcare
     - I can’t communicate with healthcare providers
     - Other:
       ______________________________________________________
**Satisfaction**

Please indicate your level of agreement with each of the following statements about you or your family member's Telehealth experience.

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<thead>
<tr>
<th></th>
<th>No, definitely not 1</th>
<th>I don’t think so 2</th>
<th>Maybe yes, maybe no 3</th>
<th>Yes, I think so 4</th>
<th>Yes, Definitely 5</th>
<th>N/A</th>
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<tbody>
<tr>
<td><strong>C1.</strong> The training and support team helped me understand how to operate the RPM equipment</td>
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<td><strong>C2.</strong> The RPM equipment was easy to use</td>
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<td><strong>C3.</strong> Since using RPM, I am more motivated to monitor my health</td>
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<td><strong>C4.</strong> The RPM equipment helped me improve my health</td>
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<td><strong>C5.</strong> I was uncomfortable using the RPM technology</td>
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<td><strong>C6.</strong> The RPM equipment took too much time to use</td>
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<td><strong>C7.</strong> I worried about my privacy with the RPM technology</td>
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<td><strong>C8.</strong> The RPM technology helped me become more involved with my healthcare</td>
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<td><strong>C9.</strong> The care I received with the RPM technology was just as good as having a nurse come to my house</td>
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<td><strong>C10.</strong> I would recommend RPM to others</td>
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C11. I think my ailments are better controlled now than they were just before the study.

☐ Strongly Disagree
☐ Disagree
☐ Uncertain
☐ Agree
☐ Strongly Agree

C12. Being in the study has been helpful to me.

☐ Strongly Disagree
☐ Disagree
☐ Uncertain
☐ Agree
☐ Strongly Agree

C13. The most helpful thing has been:
                                                                
                                                                
                                                                
C14. The least helpful thing has been:
                                                                
                                                                
                                                                
Thank you for taking time to participate in this project and fill out this survey. Please return the completed survey to: