

RPM: _____

Date: _____

Language: _____

Community: _____



CENTER FOR TECHNOLOGY
INNOVATION AND WELLBEING

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Model eHealth Communities for Aging Know Your Health Follow Up Survey

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?

- | | |
|--|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> High Blood Pressure (Hypertension) |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> Parkinsons Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> 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.

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

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: