

## Virtual Mental Health at CAMH - Client Experience Survey

We would like your feedback on your recent Virtual Mental Health visit (the clinical videoconference appointment). This feedback will help us improve the quality of Virtual Mental Health at CAMH and will also ensure that our services are available to as many clients as possible. Please answer the following questions about your experience. Completion of the survey is voluntary. Any responses that you provide will be kept anonymous and confidential.

Is this your first Virtual mental health consultation?				Yes <input type="checkbox"/>			No <input type="checkbox"/>		
What is your gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Trans - Male to Female <input type="checkbox"/>	Trans - Female to Male <input type="checkbox"/>	Intersex <input type="checkbox"/>	Non-Binary <input type="checkbox"/>	Gender Fluid <input type="checkbox"/>	Two-Spirit <input type="checkbox"/>	Other <input type="checkbox"/>
How old are you?	Less than 18 <input type="checkbox"/>	18 - 24 <input type="checkbox"/>	25 - 29 <input type="checkbox"/>	30 - 39 <input type="checkbox"/>	40 - 49 <input type="checkbox"/>	50 - 59 <input type="checkbox"/>	60 - 69 <input type="checkbox"/>	65+ <input type="checkbox"/>	
Please provide the first three digits of your postal code (e.g. L1X): _____					Were you born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, what year did you arrive in Canada? _____				
Which of the following best describes your racial or ethnic group:									
<input type="checkbox"/> Asian - East (e.g. Chinese, Japanese, Korean) <input type="checkbox"/> Asian - South (e.g. Indian, Pakistani, Sri Lankan) <input type="checkbox"/> Asian - South East (e.g. Malaysian, Filipino, Vietnamese) <input type="checkbox"/> Black - African (e.g. Ghanaian, Kenyan, Somali) <input type="checkbox"/> Black - Caribbean (e.g. Barbadian, Jamaican) <input type="checkbox"/> Black - North American (e.g. Canadian, American) <input type="checkbox"/> First Nations <input type="checkbox"/> Indian - Caribbean (e.g. Guyanese with origins in India) <input type="checkbox"/> Indigenous/Aboriginal - not included elsewhere					<input type="checkbox"/> Inuit <input type="checkbox"/> Latin American (e.g. Argentinean, Chilean, Salvadoran) <input type="checkbox"/> Métis <input type="checkbox"/> Middle Eastern (e.g. Egyptian, Iranian, Lebanese) <input type="checkbox"/> White - European (e.g. English, Italian, Portuguese) <input type="checkbox"/> White - North American (e.g. Canadian, American) <input type="checkbox"/> Mixed heritage (e.g. Black - African & White – North American) Please specify: _____ <input type="checkbox"/> Other(s): please specify: _____				
Do you have any of the following? Check ALL that apply:									
<input type="checkbox"/> Chronic Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug or Alcohol Dependence <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Illness					<input type="checkbox"/> Physical Disability <input type="checkbox"/> Sensory Disability (i.e. hearing or vision loss) <input type="checkbox"/> None <input type="checkbox"/> Other(s): (please specify): _____				
Have you been hospitalized for a mental health issue in the last year?					Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Where did you access the Virtual Mental Health appointment from?  <input type="checkbox"/> Home <input type="checkbox"/> Healthcare Organization <input type="checkbox"/> Other: (please specify): _____					What video conference platform did you use for your Virtual Mental Health appointment?  <input type="checkbox"/> WebEx <input type="checkbox"/> Ontario Telemedicine Network (OTN) <input type="checkbox"/> Don't know				

What type of device did you use to access the Virtual Mental Health appointment?		<input type="checkbox"/> Phone	<input type="checkbox"/> Laptop or Computer		
		<input type="checkbox"/> Tablet	<input type="checkbox"/> Healthcare Organization equipment		
How comfortable do you feel with technology in your daily life?					
Very Comfortable <input type="checkbox"/>	Comfortable <input type="checkbox"/>	Neutral <input type="checkbox"/>	Uncomfortable <input type="checkbox"/>	Very Uncomfortable <input type="checkbox"/>	
For each of the following statements, please indicate if you Strongly Agree, Agree, are Neutral, Disagree or Strongly Disagree. You may use a ✓ or ✗ to clearly indicate your response for each question.					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am satisfied with the length of time I had to wait for my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It was easy to book my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During my Virtual Mental Health appointment, I was able to see and hear the healthcare provider clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. During my Virtual Mental Health appointment, I was able to hear the healthcare provider clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am confident that my healthcare provider at CAMH and my other service providers are working as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel that there was an adequate amount of time allotted for the Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt comfortable during my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I believe Virtual Mental Health is just as effective as an in-person healthcare appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was able to get an appointment through Virtual Mental Health sooner than an in-person healthcare appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt that my confidentiality was protected throughout my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. The healthcare provider understood my concerns during the Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The healthcare provider treated me with courtesy and respect during my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The healthcare provider spoke with me about my mental health in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The healthcare provider involved me in decisions about my treatment plan during the Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The healthcare provider explained to me the benefits and risks of any treatments or interventions that were recommended during my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am confident that I will be able to follow the healthcare provider's recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I understand what to do if I have a mental health emergency following this appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The physical location of my Virtual Mental Health appointment was convenient for me to get to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Overall, I am satisfied with my Virtual Mental Health appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please feel free to provide any additional comments or feedback regarding your Virtual Mental Health appointment: