Name: ________________________________

Follow-up Date: ________________________________

Please circle the most appropriate number on the scale for each question.

1) How clear was the image of the therapist during most sessions?
   0 1 2 3 4
   Not Clear  Very Clear

2) How would you rate the sound quality overall?
   0 1 2 3 4
   Poor quality  Good quality

3) How well were you able to focus on what was being said without being distracted by the telepsychology technology?
   0 1 2 3 4
   Not at all  Very well

4) How easy was it to talk with your therapist?
   0 1 2 3 4
   Difficult  Easy

5) How useful were the therapy sessions overall?
   0 1 2 3 4
   Not useful  Useful

6) How would you rate your overall satisfaction with telepsychology?
   0 1 2 3 4
   Not satisfied  Satisfied overall

7) How comfortable did you feel receiving therapy over the videolink?
   0 1 2 3 4
   Very uncomfortable  Very comfortable

8) How much control did you feel you had over the session?
   0 1 2 3 4
   No control  A lot of control

Please turn over and complete the questions overleaf.
9) If you had the choice of having either face-to-face or video-therapy sessions, which would you choose?

Videotherapy

Face-to-face therapy

Why? ____________________________________________________________

10) If you had the choice of having either telephone or video-therapy sessions, which would you choose?

Videotherapy

telephone

Why? ____________________________________________________________

11) Do you think that using videoconferencing for your therapy sessions makes you feel more or less self-conscious or embarrassed than face-to-face sessions?

0 1 2 3 4
Less self-conscious

More self-conscious

Why? ____________________________________________________________

Do you have any other comments that you would like to make regarding your telepsychology experience?

Thank you for taking the time to complete this questionnaire. Please return as soon as possible in the envelope provided.