Telepsychology Evaluation
Questionnaire for Clients

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 overall — 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.**