



Telehealth Acceptance Pre-Intervention Form

ID NUMBER:

FORM CODE:

DATE: 11/09/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response.

1. For each statement, please give the one answer that comes closest to the way you feel about using telehealth.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. The telehealth equipment will be easy to use.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Learning to operate the telehealth equipment will be easy for me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The telehealth equipment will be useful for my hearing aid appointments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using the telehealth equipment will make it easier to get the hearing healthcare that I need.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Using the telehealth equipment will save time during my regular hearing aid appointments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>