**Characteristics of studied patients:**

|  |
| --- |
|  |
| Age:………….years |
| Gender:MaleFemale |
| Education level:PreparatorySecondaryBachelor |
| Marital status:MarriedUnmarried |
| Income level:InsufficientSufficientSufficient and save |
| Having children:YesNo |
| Easy to contact with IT at hospitalAlwaysSometimesNever |
| Continuous training about using tele-healthYesNo |
| ResidenceFar from hospitalNear to hospital  |
| Employment:WorkNot-work |

**Tool2:**

**10-item Telehealth Satisfaction Scale:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Excellent* | *Good* | *Fair* | *Poor* |
| *How satisfied were you with:* |
| *1 The voice quality of the equipment*  |  |  |  |  |
| *2 The visual quality of the equipment*  |  |  |  |  |
| *3 Your personal comfort in using the* |  |  |  |  |
| *Telehealth system*  |  |  |  |  |
| *4 The ease of getting to the telehealth department*  |  |  |  |  |
| *5 The length of time with the Memory Clinic team*  |  |  |  |  |
| *6 The explanation of your treatment by the Memory Clinic team*  |  |  |  |  |
| *7 The thoroughness, carefulness and skillfulness of the Memory Clinic team*  |  |  |  |  |
| *8 The courtesy, respect, sensitivity, and friendliness of the Memory Clinic team*  |  |  |  |  |
| *9 How well your privacy was respected*  |  |  |  |  |
| *10 How well the staff answered your questions about the equipment* |  |  |  |  |