

Appendix 1: Screening questions for telemedicine interview participants

Name:	
Quebec health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age group	<input type="checkbox"/> Young <input type="checkbox"/> Middle-Aged <input type="checkbox"/> Older
Gender	<input type="checkbox"/> Man <input type="checkbox"/> Woman
Language	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:
Access to internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immigrant status	<input type="checkbox"/> Canadian-born <input type="checkbox"/> Immigrant <10 years <input type="checkbox"/> Immigrant > 10 years
Family structure	<input type="checkbox"/> Single person <input type="checkbox"/> Extended-Two Generations <input type="checkbox"/> Nuclear Family (including couples) <input type="checkbox"/> Other:
Whether household member needed healthcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is your family physician located?	X:
Preferred contact time	<input type="checkbox"/> Week afternoon <input type="checkbox"/> Week early evening <input type="checkbox"/> Weekend morning
Preferred Interview Modality:	<input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Video conference
Phone number or email address:	
Comments or observations:	X:

Data Collector: _____

Page __