



TELEHEALTH EDUCATIONAL PRESENTATION SATISFACTION SURVEY

We are committed to providing excellent service through Telehealth. Your comments are very important to us and will assist us in our mission of excellence. Please take a few moments to mark the boxes that most appropriately describe your experience.

Site: _____
Event: _____
Date: _____

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The presentation started on time. Comments:					
2. The picture quality was good. Comments:					
3. The sound quality was good. Comments:					
4. I was comfortable using telehealth for this presentation. Comments:					
5. Someone was at the facility to assist me in person as needed. Comments:					
6. If telehealth was not available in your community. Would you have: <input type="radio"/> Not attended this educational presentation. <input type="radio"/> Traveled to attend this meeting. If so, how far would you have had to travel roundtrip to attend this presentation? Miles _____ Hours _____ Comments:					
7. I would use telehealth again to attend an educational presentation. Comments:					
8. Did the presentation meet your needs and/or interest? Comments:					
9. How did you find out about this telehealth educational presentation? (Circle one)	Website	Supervisor	Brochure/ Flyer	Email	Other: _____
10. Do you find the information provided by the Eccles Library to be useful to you? Yes No If no, please comment on what would make library services more relevant to you. Comments:					
Thank you for taking the time to complete this survey. Please give this to the Facility Coordinator or Fax it to 801-585-1875 .					