



## TELEHEALTH MEETING 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 meeting started on time. <b>Comments:</b>					
2. The picture quality was good. <b>Comments:</b>					
3. The sound quality was good. <b>Comments:</b>					
4. I was comfortable using telehealth for this meeting. <b>Comments:</b>					
5. Someone was at the facility to assist me in person as needed. <b>Comments:</b>					
6. If telehealth was not available in your community. Would you have: <input type="radio"/> Not attended this meeting. <input type="radio"/> Traveled to attend this meeting. If so, how far would you have to travel roundtrip to attend? Miles _____ Hours _____ <b>Comments:</b>					
7. I would use telehealth again to attend a meeting. <b>Comments:</b>					
8. It was easy to schedule/attend this meeting (whichever applies to you). <b>Comments:</b>					

**Additional 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**.