



TELEHEALTH SPEAKER 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 my presentation. Comments:					
5. Someone was at the facility to assist me in person as needed. Comments:					
6. I would use telehealth again to give a lecture.					
7. How did you find out about telehealth educational presentations? (Circle one)	Website	Supervisor	Brochure/ Flyer	Email	Other: _____
8. 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 .					