



ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI) Workgroup Participation Survey

Meeting Date*:		Time:	
Workgroup Name*:			
Submitter Name:		Organization:	
Email:		Phone Number:	

*Required Field

Questionnaire

QUESTION	ANSWER
Workgroup goal was clearly identified.	Choose an item.
Workgroup host identified the meeting purpose.	Choose an item.
Workgroup followed the meeting agenda.	Choose an item.
Workgroup was informative and relevant to the meeting topic.	Choose an item.
Workgroup participants were actively engaged.	Choose an item.
Workgroup addressed participants' questions.	Choose an item.
Workgroup allowed participants to provide comments and feedback.	Choose an item.
Workgroup meeting schedule is convenient for your participation.	Choose an item.
Workgroup next steps were properly identified.	Choose an item.
My overall satisfaction with the workgroup is high. I would recommend this workgroup to other healthcare organizations.	Choose an item.

Additional Comments:

Suggestions for future agenda topics:

Please submit the survey to EMDI_Team@scopeinfotechinc.com.

PRA Disclosure Statement

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