



Tell us about your session today

We would appreciate your feedback on your MBTelehealth session today. This survey is optional and your answers will be kept confidential. Please do not put your name on this form. Once printed and completed you can fax this survey to MBTelehealth at 204-975-7787 or mail it to MBTelehealth, John Buhler Research Centre, 772 – 715 McDermot Ave., Winnipeg, MB, R3E 3P4.

Location: _____

Type of Session: Clinical Education Administration / Meetings Televisitation or Support Group

Date of Session: _____

Based on your MBTelehealth videoconference experience please circle your response to the statements below and provide further information in writing. (use the back of the page if needed) <input type="radio"/>	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Were you able to see clearly? (on screen or monitor) If "Disagree or strongly disagree" please describe why?	1	2	3	4
2. Were you able to hear clearly? If "Disagree or strongly disagree" please describe why?	1	2	3	4
3. If you contacted MBTelehealth service desk for help did they fix the problem? If "Disagree or strongly disagree" please describe why? N/A, did not call <input type="checkbox"/>	1	2	3	4
4. How could we have improved today's session?				
5. Any other comments about MBTelehealth services?				
Thank you for taking the time to share your comments.				