

**REACH Participant Pre-Conferencing Survey**

Name of Conference and/or Health Care Consultant: \_\_\_\_\_  
Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Location: \_\_\_\_\_ T1 Line  Video Phone  IP

**Family**                       **Provider**                       **Trainee**                       **Other**  \_\_\_\_\_

*Evaluation questions to be answered by the participant to determine satisfaction with the teleconferencing services.*

1. I believe I will be able to obtain the same information that I would obtain in person.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

2. I believe the technology will NOT interfere with the meeting.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

3. I believe I will be comfortable with my ability to interact with the other participants via the technology.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

4. If I did not have access to a televideo consult, I would not be able to receive (or deliver) these services.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

5. I believe consulting with a provider through televideo conferencing will save me money.  
Strongly Disagree    1            2            3            4            5            Strongly Agree            N/A  
Not Applicable

6. I expect that I will be willing to use the televideo conferencing system again.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

7. Overall, I expect to be satisfied with the televideo consultation.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

8. I expect the quality and clarity of the video and audio to be acceptable.  
Strongly Disagree    1            2            3            4            5            Strongly Agree

Additional features that would be helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Center Use Only:</u>	REACH #: _____
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