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| Scope Infotech logo | Electronic Medical Document Interoperability (EMDI)  Workgroup Participation Survey |

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

\*Required Field

Questionnaire

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| --- | --- |
| **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](mailto:EMDI_Team@scopeinfotechinc.com).

**PRA Disclosure Statement**

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