



**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.	<input type="text"/>
Workgroup host identified the meeting purpose.	<input type="text"/>
Workgroup followed the meeting agenda.	<input type="text"/>
Workgroup was informative and relevant to the meeting topic.	<input type="text"/>
Workgroup participants were actively engaged.	<input type="text"/>
Workgroup addressed participants' questions.	<input type="text"/>
Workgroup allowed participants to provide comments and feedback.	<input type="text"/>
Workgroup meeting schedule is convenient for your participation.	<input type="text"/>
Workgroup next steps were properly identified.	<input type="text"/>
My overall satisfaction with the workgroup is high. I would recommend this workgroup to other healthcare organizations.	<input type="text"/>

Additional Comments:

Suggestions for future agenda topics:

Please submit the survey to EMDI_Team@scopeinfotechinc.com.

PRA Disclosure Statement

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