



**ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI)  
Workgroup Participation Survey**

<b>Meeting Date*:</b>		<b>Time:</b>	
<b>Workgroup Name*:</b>			
<b>Submitter Name:</b>		<b>Organization:</b>	
<b>Email:</b>		<b>Phone Number:</b>	

\*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](mailto:EMDI_Team@scopeinfotechinc.com).

**PRA Disclosure Statement**

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