

Audience Survey Evaluation Form

Your feedback is important to us so please take a few minutes to answer these survey questions. We will use your answers to make improvements to the presentation. Please use pen or pencil but do not use red. Make dark marks that fill the circle completely. Thank you.

TO BE COMPLETED BY PRESENTER:

Name of Presenter: Date: / /

Location of Presentation: City: State:

Hosting Organization (if applicable)

Section 1 : THE PRESENTATION

01. Was the presentation clear and easy to understand?

Please rate the following:

	Confusing and Unclear			Clear and Easy to Understand	
a. Question and answer session	1	2	3	4	5
b. The animated video	1	2	3	4	5
c. Reasons for creating a Personal Health Record	1	2	3	4	5
d. Steps for creating a Personal Health Record	1	2	3	4	5
e. Privacy laws (HIPAA)/access to your health information	1	2	3	4	5
f. Overall presentation	1	2	3	4	5

02. Was the presentation helpful? Please rate the following:

	Not Helpful at All			Extremely Helpful	
a. Question and answer session	1	2	3	4	5
b. The animated video	1	2	3	4	5
c. Reasons for creating a Personal Health Record	1	2	3	4	5
d. Steps for creating a Personal Health Record	1	2	3	4	5
e. Privacy laws (HIPAA)/access to your health information	1	2	3	4	5
f. Overall presentation	1	2	3	4	5

03. Was the speaker effective in presenting the information?

Not Effective at All			Extremely Effective	
1	2	3	4	5

04. Was there enough time/opportunity for questions and answers? Yes No

Section 2 : THE PHR and YOU

05. Do you currently maintain a personal health record? Yes No

06. Given what you learned today, do you now plan to create a personal health record? Yes No

a. If YES, how do you plan to manage your PHR? (check one)

- A paper-based filing system
- A computer file I create myself
- A software program I purchase
- An Internet-based service I can subscribe to
- A service provided by my healthcare provider or health insurance plan
- Not sure. Need to learn more about my options.

b. If NO, Why not? (check all that apply)

- Don't think I need one
- Feel it would take too much time/effort
- Still don't understand what information I need to collect
- Feel I need to purchase a PHR product to help me, but I'm concerned about the cost/
don't want to spend the money
- Feel this is my doctor's responsibility
- Other _____

Section 3 : YOUR HEALTHCARE EXPERIENCE

	Strongly Disagree		Strongly Agree		
– I feel that my healthcare provider considers me to be a partner in my healthcare.	1	2	3	4	5
– I feel that my healthcare provider is open to sharing my health records with me.	1	2	3	4	5
– I prefer that my doctor manage my health information using an electronic health record (EHR).	1	2	3	4	5
– I feel all my healthcare providers do a good job of protecting the privacy and security of my health information.	1	2	3	4	5
– I currently have access to my health information/medical records online through a service provided by my healthcare provider.	<input type="radio"/>	Yes	<input type="radio"/>	No	
– I would like to be able to access my health information online, assuming security precautions are in place.	<input type="radio"/>	Yes	<input type="radio"/>	No	
– Have you ever requested copies of your medical records?	<input type="radio"/>	Yes	<input type="radio"/>	No	
– If YES, check all that apply:					
<input type="radio"/> Was able to get what I needed					
<input type="radio"/> Was frustrated by the process					
<input type="radio"/> Was denied access to information I felt I had a right to					
<input type="radio"/> Felt that the fees I was charged were too high					
<input type="radio"/> Other _____					

Section 4 : DEMOGRAPHIC INFORMATION

I am:

- 18–25 26–34 35–50 50–64 65+
- Female Male
- Managing my own chronic illness/condition
- A caregiver for someone else
- A parent of a child under age 18

Additional Comments:
