1. Do you want to opt-out of this survey?
   ○ Yes
   ○ No

2. What type of session was your visit?
   ○ New
   ○ Follow-Up
   ○ Post-Op
   ○ Other

3. How did you join your visit?
   ○ Zoom
   ○ WebEx
   ○ MyChart Mobile App
   ○ MyChart Web
   ○ Other

4. Did you request a practice session prior to your Video Visit session?
   ○ Yes
   ○ No
   ○ I didn’t know how

5. The care team adequately explained what to expect during my Video Visit session.
   ○ Strongly Disagree  ○ Disagree  ○ Neutral  ○ Agree  ○ Strongly Agree

6. I felt confident in meeting with my provider via Video Visit.
   ○ Strongly Disagree  ○ Disagree  ○ Neutral  ○ Agree  ○ Strongly Agree

7. The technical process of joining the Video Visit was easy.
   ○ Strongly Disagree  ○ Disagree  ○ Neutral  ○ Agree  ○ Strongly Agree

8. I could clearly see and hear my provider during the Video Visit session.
   ○ Strongly Disagree  ○ Disagree  ○ Neutral  ○ Agree  ○ Strongly Agree

9. The Video Visit met my expectation for the needs of my appointment
   ○ Strongly Disagree  ○ Disagree  ○ Neutral  ○ Agree  ○ Strongly Agree