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 **Telehealth Exit Survey**

The following questions are voluntary.  If you feel uncomfortable you do not need to respond to the question.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **Don’t Know** |
| 1. The counseling sessions help to address my emotional and mental needs.
 |  |  |  |
| 1. The online counseling program was easy to use.
 |  |  |  |
| 1. After using the counseling service I feel a sense of relief.
 |  |  |  |
| 1. I was uncomfortable talking to the counselor.
 |  |  |  |
| 1. I was uncomfortable using the online counseling technology (e.g. iPad or computer).
 |  |  |  |
| 1. I would have preferred speaking to someone in person.
 |  |  |  |
| 1. I worried about my privacy with online counseling.
 |  |  |  |
| 1. I would recommend online counseling to others.
 |  |  |  |
| 1. Do you have a negative view of receiving professional counseling?
 |  |  |  |
| 1. Was the counseling service different than what you expected?
 |  |  |  |

1. If yes to question #10, how was it different?

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1. What was the reason you did not want to continue with online counseling?

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