

Date: _____

PID: _____



CENTER FOR INNOVATION
AND WELLBEING

800 N. Brand Blvd
Glendale, CA 91203
Tel (818)254-4280, Fax (818)254-4281
hchoo@frontporch.net

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.			
2. The online counseling program was easy to use.			
3. After using the counseling service I feel a sense of relief.			
4. I was uncomfortable talking to the counselor.			
5. I was uncomfortable using the online counseling technology (e.g. iPad or computer).			
6. I would have preferred speaking to someone in person.			
7. I worried about my privacy with online counseling.			
8. I would recommend online counseling to others.			
9. Do you have a negative view of receiving professional counseling?			
10. Was the counseling service different than what you expected?			

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

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