

VoIP Call Quality Assessment Questionnaire

Date of Call:

Time of Call:

Call Duration (minutes):

Caller Name/ID:

Callee Name/ID:

How would you rate the overall quality of the call?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Did you experience any of the following during the call? (Check all that apply)

☐ Echo

☐ Delay

☐ Distortion

☐ Dropout

☐ Noise

☐ Other

Voice Clarity:

Was the call disconnected unexpectedly?

Additional Comments: