Healthcare Patient Portal End-User Survey

Basic Information

| Full Name |
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| |
| Email Address |
| |
| Age |
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| Portal Usage |
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| How often do you use the patient portal? C Daily C Weekly C Monthly C Rarely |
| Which of the following features do you use? (Select all that apply) |
| Appointment Scheduling Accessing Medical Records Prescription Refills |
| ☐ Messaging Providers ☐ Billing/Payments ☐ Other |
| User Experience |
| Oser Experience |
| How easy is it to navigate the portal? |
| C Very Easy C Easy C Neutral C Difficult C Very Difficult |
| How satisfied are you with the portal overall? |
| |
| Feedback |
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| What improvements would you like to see? |
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| Additional Comments |
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