

Please tell	us about y	ourself								
Name										
Email										
Name of you	ur practice									
On a scale	from 0-10,	how likely	are you to	recomme	nd DAX to	a friend or	colleague	?		
Not at all I	ikely								Extrer	nely likely
° O	1	²	3	4 O	5	6	⁷	8	9	10 O
How disapp	oointed wo	uld you be	if you no	longer had	l access to	DAX?				
O Very	disappointe	d								
O Some	what disap	pointed								
O Indiffe	erent									

What was your primary means of documenting clinic encounters prior to utilizing DAX?
Speech recognition (eg. Dragon)
Typing directly in EHR
O Transcription
O Scribe (in-person)
O Virtual scribe
Other (please specify):
How has the usage of DAX impacted the quality of your clinical documentation?
O Significant improvement
O Some improvement
O No change
O Somewhat worse
O Significantly worse
How satisfied are you with the documentation turnaround time provided by DAX?
Very satisfied
O Somewhat satisfied
Neither satisfied nor dissatisfied
O Somewhat dissatisfied
Not at all satisfied

How many clinic encounters do you typically complete per week?		
Please provide responses below based on your experience using DAX codocumentation.	mpared to your previ	ous method of
Average documentation time per visit (mins) Average time per visit spent interacting with computer while in the exam room (mins) Maximum # of visits you are comfortable seeing per full clinic day Cognitive burden caused by documentation on a scale of 0 (no burden) to 10 (extreme burden) How has your usage of DAX impacted the overall quality of patient experi		Without DAX
Significant improvement		
O Some improvement		
No change		
O Somewhat worse		
O Significantly worse		
Which benefits have you experienced with DAX?		
	Yes	No
Better work/life balance Reduced burnout or fatigue	0	0
Higher job satisfaction	0	0
Less likely to leave current organization	0	0
Less likely to leave clinical practice	0	0

Please share any non-PHI specific patient feedback related to DAX in the space below.
Please share any additional feedback on DAX in the space below.
Based on your experience with DAX, would you be willing to speak with other potential users as a reference?
○ Yes
○ No

Submit Survey