

Patient computer use

Survey # ___ _ _

1. How often do you use a computer for the following tasks?
(Please check one response per Item)

	Never	Less than Once per Month	Monthly	Weekly	Daily
To receive or send email	[]	[]	[]	[]	[]
To order goods or services	[]	[]	[]	[]	[]
To read about general health information	[]	[]	[]	[]	[]
To read information about medications	[]	[]	[]	[]	[]
To read about my health conditions (for example, blood pressure, diabetes, or weight)	[]	[]	[]	[]	[]
To track my health conditions	[]	[]	[]	[]	[]
To track my diet or exercise	[]	[]	[]	[]	[]
To find out about services offered by doctors or hospitals	[]	[]	[]	[]	[]
To order prescription medications	[]	[]	[]	[]	[]
To email my doctor	[]	[]	[]	[]	[]
To look at my medical record	[]	[]	[]	[]	[]

Please use the space below to indicate other ways that you are using the Internet and/or email related to your health.

2. If a web site were available for you to communicate directly with your doctor and get other health information, how interested would you be in using this web site to do any of the following tasks?

(Please check one response per item)

	Not at all interested	A little bit interested	Moderately interested	Very interested
To email my doctor	[]	[]	[]	[]
To send blood pressure or blood sugar data to my doctor	[]	[]	[]	[]
To order prescription medications	[]	[]	[]	[]
To read about my health conditions (for example, blood pressure, diabetes, or weight)	[]	[]	[]	[]
To track my diet and/or exercise	[]	[]	[]	[]
To track my health conditions	[]	[]	[]	[]
To look at my medical record	[]	[]	[]	[]
To make doctor appointments	[]	[]	[]	[]
To see my prescriptions	[]	[]	[]	[]
To see my lab results	[]	[]	[]	[]
To participate in online support groups	[]	[]	[]	[]
To share my medical information with other family members	[]	[]	[]	[]
To share my medical information with other doctors	[]	[]	[]	[]

Are there other potential features or uses of the Internet or email in regards to your health care that you would find particularly useful? (Please specify)

In relation to using this web site to communicate with your doctor and get other health information, do you have any other comments or concerns?

3. Where do you access the Internet? (circle all that apply)

My home	Family or friend's home	Work	Public library	Other places
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4. The next questions ask basic information about you.

a. In general how would you rate your health? (circle one)

1-excellent 2-very good 3-good 4-fair 5-poor

b. Do you have any chronic illness (for example: diabetes, high blood pressure, or asthma)? (circle one) 1-yes 2-no 3-unsure

c. What year were you born? ___ _ _ _

d. What is your gender? (circle one) 1-male 2-female

e. What is your race? (circle all that apply) White Black Asian Other: _____

f. Are you of Hispanic or Latino(a) ethnicity? (circle one) yes no don't know

g. What is your highest level of education? (circle one)

- 1-Did not graduate high school
- 2-High school graduate/GED
- 3-Trade/some college
- 4-College graduate
- 5-Post graduate degree

h. What is your annual household income? (circle one)

- 1-Less than \$20,000
- 2-\$20,000 - \$39,999
- 3-\$40,000 - \$59,999
- 4-\$60,000 or more

Thank you for completing the survey! Please return it to the box in the reception area.

**1. The following is a list of possible reasons why you do not use the Internet or email.
(Please check all that apply)**

- a. ___ I do not have access to a computer
- b. ___ I do not have access to a computer that is connected to the Internet
- c. ___ I do not know how to use the Internet
- d. ___ I do not know how to use email
- e. ___ I do not feel comfortable using the Internet
- f. ___ I do not feel comfortable using email
- g. ___ I cannot afford to pay for an Internet connection
- h. ___ I can't see well enough to use a computer
- i. ___ I do not know how to type
- j. ___ Other reason (please specify)

2. The next questions ask basic information about you.

- a. **In general how would you rate your health? (circle one)**
1-excellent 2-very good 3-good 4-fair 5-poor
- b. **Do you have any chronic illness (for example: diabetes, high blood pressure, or asthma)?**
(circle one) 1-yes 2-no 3-unsure
- c. **What year were you born?**
__ __ __ __
- d. **What is your gender? (circle one)**
1- Male 2- Female
- e. **What is your race? (circle all that apply)**
White Black Asian Other: _____
- f. **Are you of Hispanic or Latino(a) ethnicity? (circle one)**
yes no don't know
- g. **What is your highest level of education? (circle one)**
 - 1 Did not graduate high school
 - 2 High school graduate/GED
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 - 4 College graduate
 - 5 Post graduate degree

h. What is your annual household income? (circle one)

- 1 Less than \$20,000
- 2 \$20,000 - \$39,999
- 3 \$40,000 - \$59,999
- 4 \$60,000 or more

Thank you - Please return survey to box at front desk.