

Baseline Clinician Survey: Keystone Health Information Exchange (KeyHIE)

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This is a questionnaire designed to be completed by clinical staff across a health care system setting. The tool includes questions to assess perception of health information exchange.

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Beacon Clinician Survey

Version September 26, 2011

(The final version of this questionnaire will be a web-based survey, and then formatting will be completely different. Therefore, please do not pay too much attention to the format).

We appreciate the time you are taking to complete this questionnaire and hope that the information will help us better understand how new technology influences people.

Instructions

When completing the questionnaire, you can leave blank any questions that you do not want to answer. Remember that your responses are strictly confidential and will be closely guarded. This questionnaire has been designed to gather information about the work you do, the technology you use, and your quality of working life. Please try to answer all of the questions.

Section A. About your job...

1. Do you personally provide care?

- Yes
- No (*Thank you, no further questions – skip to demographic section*)

2. Where do you currently work?

(*If you have multiple jobs: please answer the question for the location where you have spent most of your time during the last 6 months*)

- | | |
|--|---|
| <input type="checkbox"/> ₁ Hospital ED | <input type="checkbox"/> ₂ Hospital inpatient unit |
| <input type="checkbox"/> ₅ Physician's office | <input type="checkbox"/> ₆ Rehabilitation facility |
| <input type="checkbox"/> ₇ Nursing home (SNF) | <input type="checkbox"/> ₈ Home health agency |
| <input type="checkbox"/> ₉ Case management organization | <input type="checkbox"/> ₉ Pharmacy |
| <input type="checkbox"/> ₁₁ EMS or other emergency response | <input type="checkbox"/> ₁₀ Other (specify) _____ |

3. Please check your current job position:

(*If you have multiple jobs: please answer the question for the job position where you have spent most of your time in the last 6 months*)

- | | |
|--|---|
| <input type="checkbox"/> ₁ Primary care physician | <input type="checkbox"/> ₂ Specialist/Sub-specialist physician |
| <input type="checkbox"/> ED Physician | <input type="checkbox"/> ₄ Pharmacist |
| <input type="checkbox"/> Nurse practitioner or physician's assistant | <input type="checkbox"/> ₆ ED Nurse or physician's assistant |
| <input type="checkbox"/> ₇ Primary care nurse practitioner or physician's assistant | <input type="checkbox"/> ₈ First responder |
| <input type="checkbox"/> ₉ Case Manager, care coordinator, social worker or discharge planner | <input type="checkbox"/> ₁₀ Therapist |
| <input type="checkbox"/> ₁₁ Technician | <input type="checkbox"/> ₁₂ Medical assistant or clerk |
| <input type="checkbox"/> ₁₃ Other (specify) _____ | |

4. How long have you been in your current job position?

_____ years _____ months

5. Does your Health Care Organization (HCO) use (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> ₄ Patient Health Record (PHR) | <input type="checkbox"/> ₅ Health Information Exchange (such as KeyHIE) |
|---|--|

6. With what proportion of your patients do you communicate by email?

7. How many hours do you work at your job in an average week? _____ hours per week

Section B. About organizational readiness for change...

1. Please indicate your agreement or disagreement with the following statements, considering your main organization:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a) Among my colleagues, I am usually one of the first to find out about a new diagnostic test, treatment or care process	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) After we make changes to improve quality, we evaluate their effectiveness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Our procedures and systems are good at preventing errors from occurring.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) We are innovative.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

1. What do you think about the sufficiency of information you received about KeyHIE implementation?

2. What do you think about the accuracy of the information you received about KeyHIE implementation?

b. Vague ₁ ₂ ₃ ₄ ₅ ₆ ₇ Precise

3. What do you think about the usefulness of the information you received about KeyHIE implementation?

Section D. About Regional Health Information Exchange (KeyHIE)...

	Never (SKIP to D1b)	A few times a year or less, almost never	Once a month or less, rarely	A few times a month, some- times	Once a week, rather often	A few times a week, nearly all the time	Every day
1a How often do you use KeyHIE?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

1b Why do you not use KeyHIE (Please check all that apply)?

i. I was never informed about KeyHIE.	<input type="checkbox"/> 1
ii. I do not think the information in KeyHIE is very useful for me	
iii. KeyHIE is too complicated to use	<input type="checkbox"/> 1
iv. I do not have enough time to use KeyHIE	<input type="checkbox"/> 1
v. Using KeyHIE does not fit into my workflow	
vi. Other, please specify	(text box)

SKIP to END of SURVEY (Section F)

2. How long have you used KeyHIE? Years Months
.....

3. Did you receive training for the use of KeyHIE? 1 Yes 2 No (go to Question D4)

	Poor	Fair	Good	Very good	Excellent
3a. Overall, how would you rate the training you received?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next questions are about use of regional health information exchange (KeyHIE) and its usefulness

4. When your own paper or electronic records do not contain all the information you need about a patient, how do you find what you need? (Please check all that apply)

- Telephone other health care providers
- Request other physician or facility paper records/faxes.
- Link to a Health Information Exchange
- Link directly into another physician or facility EHR
- Proceed with whatever information the patient, family or others can provide
- Other (specify) _____

5. For what percent of patients do you check KeyHIE for records? _____ %

6. Of the patients for whom you check KeyHIE, for what percentage do you find the patient you

7. For what percent of those patients whom you locate in KeyHIE do you find useful patient information? _____ %

8. Please check the box that best reflects your acceptance of KeyHIE:

Dislike very much and
don't want to use

Like very much and
eager to use

9. How much of a barrier is each of the following to the use of **KeyHIE**?

	Not a barrier	Minor barrier	Major barrier
b) Computer technical support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) Start-up financial costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) Training and productivity loss	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h) Staff skepticism	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k) Fitting KeyHIE into your regular work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l) Organizational commitment and support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Please rate the following characteristics of KeyHIE.

10. Learning to operate the system	Difficult	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Easy
11. Exploring new features by trial and error	Difficult	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Easy
12. Remembering names and use of commands	Difficult	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Easy
13. Help messages on screen	Unhelpful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Helpful
14. Supplemental reference/training materials	Confusing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Clear
15. Experienced and inexperienced users' needs are taken into consideration	Never	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Always
16. Correcting your mistakes	Difficult	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	Easy

The following questions ask specifically about KeyHIE. Based on your experience, please indicate whether the following statements about KeyHIE are true.

	Never			It varies			Always
17. KeyHIE is reliable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
18. KeyHIE has a negative impact on patient care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
19. KeyHIE reduces patient care errors.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
20. KeyHIE is easy to use.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
21. KeyHIE improves the quality of patient care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
22. System response time on KeyHIE is slow.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
23. When I have a problem with KeyHIE, I just ask someone for help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
24. I feel that I can benefit from refresher classes on KeyHIE.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
25. When I need help on KeyHIE, I can find it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
26. Overall, KeyHIE saves me time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
27. Data I retrieve from KeyHIE does make an impact on my decision-making	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
28. Overall, I am satisfied with KeyHIE.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

D29. Currently, the KeyHIE Website for clinicians contains different kinds of information. How important to you is each kind of information listed below?

	Not Important	Somewhat Important	Very Important
a. H & Ps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Discharge summaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

c. Lab results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Radiology reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Patient demographics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Outpatient notes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

30. Currently, the KeyHIE Website for clinicians contains different kinds of information. How often do you use the information below in the KeyHIE patient portal?

	Hardly or never use it	Use it sometimes	Use it very often
H&Ps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Discharge summaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Lab results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Radiology reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Patient demographics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Outpatient notes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

	Usually incomplete	It varies	Usually complete	Do not know
31. What do you think about the <u>completeness</u> of the information in KeyHIE?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃

	Very inaccurate	It varies	Very accurate	Do not know
32. What do you think about the <u>accuracy</u> of the information in KeyHIE?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃

33. In the near future (within the next two years), more information will be added to KeyHIE. How important will the following KeyHIE functions be to you?

	Not Important	Somewhat Important	Very Important
a. Problem list	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Medication list	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Allergies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Consult reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Secure e-messaging between clinicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. ED summaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. EKGs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Pathology reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Care plans	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Post-discharge level of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Nursing home assessments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. Home health assessment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

34. In the long term future (2013 and later), more information may be added to KeyHIE. How important would the following types of information be to you?

	Not Important	Somewhat Important	Very Important
a. Radiology images	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Immunization records	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Reminders for preventive and other interventions (e.g. LDL check)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Advanced directives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Patient preferences (language, religion)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

f. Family history	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Family and social supports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Insurance information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Medication history	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

34a. Do you have other suggestions for information to be added to *KeyHIE*?

35. The *KeyHIE* website for patients will also contain different kinds of information and services. How important is that information and are these services to you, as a clinician?

	Not Important	Somewhat Important	Very Important
a. Secure e-mail	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Patient access to their electronic healthcare records	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. The patient being able to enter data in <i>KeyHIE</i> (for example, their medication list)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

36. What are the three things you like most about *KeyHIE*?

37. What are the three things you would like to change about *KeyHIE* to make it better?

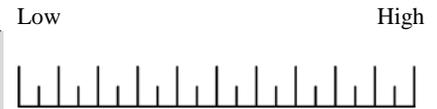
Section E. About your perceptions of work and quality of working life...

1. How satisfied are you with the care you provide? Totally dissatisfied ₁ ₂ ₃ ₄ ₅ ₆ ₇ Completely satisfied

2. How would you rate the quality of care you provide? Lowest ₁ ₂ ₃ ₄ ₅ ₆ ₇ Highest

The following questions deal with the workload that you experience in your job. Please click the circle that corresponds to the point that matches your overall experience of workload.

3. **Mental demand.** How much mental activity is required to perform your job (thinking, deciding, calculating, remembering, looking, searching, etc...)?



4. **Physical demand.** How much physical activity is required to perform your job (e.g., pushing, pulling, turning, controlling, activating, etc.)?



5. **Temporal demand.** How much time pressure do you feel due to the rate or pace at which the tasks or task elements occurred?



6. **Effort.** How hard do you have to work (mentally and physically) to accomplish your level of performance?



7. **Performance.** How satisfied are you with your performance at your job?



8. **Frustration level.** How insecure, discouraged, irritated, stressed and annoyed versus secure, gratified, content, relaxed and complacent do you feel about your job?



9. All in all, how satisfied would you say you are with your job?

Not at all satisfied Not too satisfied Somewhat satisfied Very satisfied

₁

₂

₃

₄

10. How likely is it that you will actively look for a new job in the next year?

Not at all likely Somewhat likely Quite likely Extremely likely

₁

₂

₃

₄

₅

₆

₇

How often do the following statements describe how you have been feeling as a result of your job?

	Never	A few times a year or less, almost never	Once a month or less, rarely	A few times a month, some-times	Once a week, rather often	A few times a week, nearly all the time	Every day
11. I feel emotionally drained from my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
12. I feel used up at the end of the workday.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
13. I feel fatigued when I get up in the morning and have to face another day on the job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
14. Working all day is really a strain for me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
15. I feel burned out from my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Section F. About you...

1. What is your gender? ₁ Male ₂ Female

2. What is the highest level of education you have completed?

- High school/GED
- Some college
- 2-year college degree (Associate)
- 4-year college degree (Bachelor, BA, BS, BSN, etc.)
- Master's degree (MA, MS)
- Professional degree (MD, PharmD)
- Doctoral degree (PhD, DNP, etc)

3. How old are you? ₁ 34 or less ₂ 35-44 ₃ 45-54 ₄ 55+

4. Are you of Hispanic or Latino origin? ₁ Yes ₂ No

5. What is your racial background? (Check all that apply)

- ₁ American Indian / Alaska Native
- ₂ Asian
- ₃ Native Hawaiian or Other Pacific Islander
- ₄ Black / African American
- ₅ White
- ₆ Other (please specify): _____

6. What description does best describe the level of your computer skills?

- Novice user** (You just started using computers)
- Average user** (You use word processors, spreadsheets, e-mail, surf the Web, etc.)
- Advanced user** (You can install software, setup configurations, etc.)
- Expert user** (You can setup operating systems; know some computer programming languages, etc.)

7. How many years of computer experience do you have? _____ years

8. Please write any comments you may want to share with the research team.

Thank you very much for your participation in this study. Please click on the submit button below to submit your responses.