

Portal and Non-Portal User Surveys to Assess MyPreventiveCare Portal

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These are questionnaires designed to be completed by patients in a home setting. The questionnaires include questions to assess the current state of personal health records by those who have both used and not used the technology.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified for used as is without additional permission from the authors.

Thank you for participating in our research! We appreciate your time. Please answer each question. Please fill in each square completely (do not use check marks).

1) In general, how would you rate your overall health?

2) What are your current health goals? (Mark all that apply)

- Manage a chronic illness that I have Eat healthier Lose weight Exercise more
 Quit smoking Make sure I take my medications as prescribed
 Make sure I get all the tests I need Stay healthy

3) In the next 6 months, do you plan to take any actions that would help your overall health?

4) How confident are you that you can manage your own health?

- Very confident Somewhat confident Not too confident Not at all confident

5) Over the past year, how much information about health and health care did you get from:

6) Here are some statements about comfort with getting and using health information. Do you agree or disagree with each one?

I know exactly what it is that I want to learn about my health

I am satisfied with the way I currently learn about health

7) Have you ever done any of these things online? (Mark all that apply)

- Searched online for information about a disease or medical problem
- Searched online for information about a doctor
- Typed information on a website about what you eat, how much you exercise, or your weight
- Typed information on a website about a chronic illness you have
- Renewed a prescription online
- Sent an email to or got an email from your doctor
- Used a personal health record
- Looked at a test result online
- Used a device that measures health information (like blood pressure) that connects to your computer
- Posted anything online about your health or health care
- Joined an online group that is for a health issue that you or your family member has
- Used an application on a cell phone for any health-related reasons

8) How interested are you in using a website where you can get, keep, or update your health information?

- Very interested Somewhat interested Not too interested
- Not at all interested (If you selected this choice, please skip to **Question #11**)

9) There are websites that you can use to keep track of your health. Would you be interested in using a website to... (Mark all that apply)

- Track information about a chronic illness
- Track your diet and calories Track your exercise
- Remind you when to take prescriptions Remind you when you need tests
- Stay healthy Other -----

10) Here are some ways people can use their health information online. If your health information were available on a website, would you be interested in... (Mark all that apply)

- Making sure your information is correct
- Managing your visits, medicines, immunizations, and other information in one place
- Looking at the results of your lab tests or other tests
- Seeing your doctor's instructions for taking care of your health
- Getting a reminder for when you need a test, like a mammogram or immunization
- Renewing prescription medications online
- Scheduling a doctor's visit online
- Sending an email to or getting an email from a doctor or nurse
- Sharing your information with your family

11) Many different groups have websites for people to get, keep, or update their health information. Would you be interested in using this type of website if it were from... (Mark all that apply)

- Your doctor
 The hospital you use
 Your health insurance plan
 A government group like Medicare
 Your employer
 A non-profit group like the American Cancer Society or AARP
 A company like Google or Microsoft

12) Here are some thoughts about using a website to get, keep, and update your health information. Do you agree or disagree with each one?

I would be worried about the privacy of my health information if it were online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I don't like using computers or the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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This might cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14) Have you ever visited your practice's website, <<<merge field with web address>>?

- Yes
 No
 Not sure

16) Have you heard about or read about your practice's website to let you see your preventive information and get health recommendations, called MyPreventiveCare?

- Yes
 No (If you select this choice, skip to **Question #20**)
 Not sure (If you select this choice, skip to **Question #20**)

17) How did you hear about MyPreventiveCare? (Mark all that apply)

18) Have you ever visited the MyPreventiveCare website?

- Yes
 No
 Not sure

19) Your doctor would like to make sure that he/she is meeting your information needs. Please explain why you did not go to or use MyPreventiveCare:

20) If you haven't heard of MyPreventiveCare or are unclear about what it does, here is a description:

MyPreventiveCare is a website created by your doctor's office. It lets you see some of your health information in your doctor's record. It tells you what your information means and gives you recommendations about what to do to stay healthy.

Now that you have heard more about MyPreventiveCare, how interested are you in using it?

Very interested Somewhat interested Mildly interested Not at all interested Not sure

21) Please explain why you would or would not be interested in using MyPreventiveCare if different from question #19.

22) Your age: _____

23) What is the highest grade or level of school that you have completed?

8th grade or less Some high school, but did not graduate
High school graduate or GED Some college or 2-year degree
4-year college graduate More than 4-year college degree

24) What was your family's total combined income for the past 12 months?

\$20,000 or Less \$20,001 - \$59,999 \$60,000 - \$99,999
\$100,000 - \$199,999 \$200,000 or More

25) Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino No, not Hispanic or Latino

26) What is your race? Please mark one or more.

White Black or African American Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other -----

THANK YOU! Please return the completed survey in the enclosed postage-paid envelope.

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2) What are your current health goals? (Mark all that apply)

- Manage a chronic illness that I have
 Eat healthier
 Lose weight
 Exercise more
 Quit smoking
 Make sure I take my medications as prescribed
 Make sure I get all the tests I need
 Stay healthy

4) How confident are you that you can manage your own health?

- Very confident
 Somewhat confident
 Not too confident
 Not at all confident

6) Here are some statements about comfort with getting and using health information. Do you agree or disagree with each one?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I know exactly what it is that I want to learn about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can figure out how and where to get health information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the way I currently learn about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am in control over how and what I learn about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USING THE INTERNET FOR HEALTH

7) Have you ever done any of these things online? (Mark all that apply)

- Searched online for information about a disease or medical problem
- Searched online for information about a doctor
- Typed information on a website about what you eat, how much you exercise, or your weight
- Typed information on a website about a chronic illness you have
- Renewed a prescription online
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- Track information about a chronic illness
- Track your diet and calories Track your exercise
- Remind you when to take prescriptions Remind you when you need tests
- Stay healthy Other -----

9) Here are some ways people can use their health information online. If your health information were available on a website, would you be interested in... (Mark all that apply)

- Making sure your information is correct
- Managing your visits, medicines, immunizations, and other information in one place
- Looking at the results of your lab tests or other tests
- Seeing your doctor's instructions for taking care of your health
- Getting a reminder for when you need a test, like a mammogram or immunization
- Renewing prescription medications online
- Scheduling a doctor's visit online
- Sending an email to or getting an email from a doctor or nurse
- Sharing your information with your family

10) Many different groups have websites for people to get, keep, or update their health information. Would you be interested in using this type of website if it were from... (Mark all that apply)

- Your doctor The hospital you use Your health insurance plan
- A government group like Medicare Your employer
- A non-profit group like the American Cancer Society or AARP
- A company like Google or Microsoft

11) Here are some thoughts about using a website to get, keep, and update your health information. Do you agree or disagree with each one?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I would be worried about the privacy of my health information if it were online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like using computers or the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This might cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14) Think back to when you first used MyPreventiveCare. Please explain why you registered for and used MyPreventiveCare:

15) Think back to when you first used MyPreventiveCare. What made you feel that your information would be kept safe and private?

16) Approximately how many times have you visited MyPreventiveCare since setting up your account? _____ times

17) Each time you visited MyPreventiveCare, how much time, on average, did you spend looking at or using the website? _____ minutes

18) What material did you look at on MyPreventiveCare? (Mark all that apply)

- What I need now My key dates My key values Cancer screening Heart care
 Health behaviors Vaccines Other -----

19) Was your health information in MyPreventiveCare correct?

- Not at all Some of it Most of it All of it

20) Did MyPreventiveCare explain things in a way that was easy to understand?

- Yes No Not sure

21) Did MyPreventiveCare... (Mark all that apply)

- Make you feel like you know more about your health
 Make you feel like you know more about the care your doctor gives you
 Lead you to ask your doctor a question you may not have asked before
 Make you feel more connected to your doctor
 Lead you to do something to improve your health
 Make it easier to talk to family about your health
 Make you feel less likely to switch doctors
 Let you find missing or incorrect information

22) How useful did you find MyPreventiveCare for each of the following:

	Very useful	Somewhat useful	Not too useful	Not at all useful	Have not done
Making sure your information is correct	<input type="checkbox"/>				
Keeping and managing your information in one place	<input type="checkbox"/>				
Looking at the results of your lab and other tests	<input type="checkbox"/>				
Learning about when you need tests and care	<input type="checkbox"/>				
Seeing your doctor's instructions for taking care of your health	<input type="checkbox"/>				

23) Overall, how useful did you find MyPreventiveCare?

Very useful Somewhat useful Not too useful Not useful at all

24) Would you recommend MyPreventiveCare to your family and friends?

Yes No Not sure

Your doctor would like to make sure that he/she is meeting your information needs. The next series of questions is about Intuit Health – the system to email your doctor.

25) Have you ever used your practice's secure email system, called Intuit Health?

Yes No (If you select this choice, skip to Question #30)

Not sure (If you select this choice, skip to Question #30)

26) Did Intuit Health... (Mark all that apply)

- Make you feel like you know more about your health
- Make you feel like you know more about the care your doctor gives you
- Lead you to ask your doctor a question you may not have asked before
- Make you feel more connected to your doctor
- Lead you to do something to improve your health
- Make it easier to talk to family about your health
- Make you feel less likely to switch doctors
- Let you find missing or incorrect information

27) How useful did you find Intuit Health for each of the following:

	Very useful	Somewhat useful	Not too useful	Not at all useful	Have not done
Making sure your information is correct	<input type="checkbox"/>				
Keeping and managing your information in one place	<input type="checkbox"/>				
Looking at the results of your lab and other tests	<input type="checkbox"/>				
Learning about when you need tests and care	<input type="checkbox"/>				
Seeing your doctor's instructions for taking care of your health	<input type="checkbox"/>				
Renewing prescription medications online	<input type="checkbox"/>				
Scheduling a doctor's visit online	<input type="checkbox"/>				
Sending an email to or getting an email from your doctor or nurse	<input type="checkbox"/>				

28) Overall, how useful did you find Intuit Health?

Very useful Somewhat useful Not too useful Not useful at all

29) Would you recommend Intuit Health to your family and friends?

Yes No Not sure

ABOUT YOU

30) Your age: _____

31) What is the highest grade or level of school that you have completed?

32) What was your family's total combined income for the past 12 months?

\$20,000 or Less \$20,001 - \$59,999 \$60,000 - \$99,999

\$100,000 - \$199,999 \$200,000 or More

34) What is your race? Please mark one or more.

White Black or African American Asian American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Other -----

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