Engaging diverse patients in health information technology use

University of California, San Francisco; San Francisco, California

This is a questionnaire designed to be completed by individuals with chronic care needs in patient homes. The tool includes questions to assess the current state of patient portals, the internet, and mobile devices.

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University of California San Francisco

Participant ID: _____
Interview Date/Time: _____

About you:
It would be helpful to know some basic information about you. You do not need to answer any questions you don't feel comfortable answering.

Demographics

1. How old are you? ____ years old

2. What is your gender?

1	2
Male	Female

3. How long ago were you diagnosed with a chronic illness? _____ years _____ months

4. Which conditions do you have? (Check all that apply.)

1	2	3	4	5	6
Heart Disease	Diabetes	High Blood Pressure	Heart Failure	Asthma or COPD	Chronic Kidney Disease

5. What is the highest grade you have completed?

1	2	3	4
Less than high school	High school or GED	Associate's degree	College degree or more

6. What is your annual household income?

1	2	3
Less than $20,000	$20,000 to $40,000	More than $40,000

7. What is your race or ethnicity? (Check all that apply.)

1	2	3	4	5	6
White or Caucasian	Black or African American	Hispanic/Latino	Asian or Pacific Islander	American Indian/ Native American	Other

14. What best describes your current job?

☐	☐	☐	☐	☐	☐	☐
Work 30 hours or more a week at 1 job	Work 30 hours or more a week at more than 1 job	Work part-time less than 30 hours a week	Homemaker	Disabled	Unemployed	Retired

15. How many adults (18 or older) live in your household, including you? _____

16. How many children (younger than 18) live in your household? _____

8. Do you currently have health insurance?

☐ 1	☐ 0
Yes	No

English Proficiency

9. How well do you speak English?

☐ 1	☐ 2	☐ 3	☐ 4
Not at all	Not well	Well	Very well

Health Literacy (Chew, et al.)
https://www.ncbi.nlm.nih.gov/pubmed/15343421
Questions have been removed – please refer to the link above for sample questions.

Internet Use (developed by team)

17. Which device do you use most often to access the Internet or email?

☐	☐	☐	☐
Desktop computer	Laptop computer	Mobile phone	Tablet (like an iPad)

18. How often do you use the Internet?

☐	☐	☐	☐	☐
Never	Monthly or less	Every 2-3 weeks	Weekly	Daily

19. If you use the Internet at least sometimes, where do you normally use it?

☐ Home ☐ Library ☐ Friend or relative's house ☐ School or work ☐ Other (describe): _____

20. How often do you use email?

☐ Never ☐ Monthly or less ☐ Every 2-3 weeks ☐ Weekly ☐ Daily

21. Does a friend or family member usually help you access the Internet and/or use email?

☐ Yes ☐ No

22. How often do you send and receive text messages?

☐ Never ☐ Monthly or less ☐ Every 2-3 weeks ☐ Weekly ☐ Daily

eHEALS eHealth Literacy Scale (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1794004/)
Questions have been removed – please refer to the link above for sample questions.

Internet to Manage Health (developed)

24. How useful do you feel the Internet is in helping you in making decisions about your health?

☐ Not useful at all ☐ Not useful ☐ Unsure ☐ Useful ☐ Very useful

25. How important is it for you to be able to access health resources on the Internet?

☐ Not useful at all ☐ Not useful ☐ Unsure ☐ Useful ☐ Very useful

26. If you could use email to communicate with your doctor, how often would you do this?

☐ Never ☐ Monthly or less ☐ Every 2-3 weeks ☐ Weekly ☐ Daily

27. If you could, would you like to receive phone text messages for your health and health care (for example, clinic appointment reminders or information about healthy behaviors)?

☐ Yes ☐ No

28. Please rate your interest in using a website that lets you see your personal medical record.

☐ No interest ☐ Low interest ☐ Neutral ☐ Moderate interest ☐ High interest ☐ Need more information

29. How often do you think you would use MYSFHEALTH for managing your healthcare needs?

☐ Never ☐ Monthly or less ☐ Every 2-3 weeks ☐ Weekly ☐ Daily

30. Please rate your agreement with the following statement:
"I have all the necessary skills to use a website to manage my healthcare."

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly agree

31. How confident do you feel that you can log onto a website like this without help?

Not at all confident — Totally confident

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

32. How confident do you feel that you can use a website like this to improve your health?

Not at all confident — Totally confident

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

33. In general, how would you describe your health?

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

34. In the past 6 months, how many times have you seen a doctor or other health care professional at a doctor's office or a clinic? Do not include times when you were hospitalized overnight, visits to the emergency room, home visits, or telephone calls. (NHANES)

☐ 0 times ☐ 1 to 3 times ☐ 4 to 6 times ☐ 7 to 9 times ☐ 10 or more times

35. In the past 6 months, were you a patient in a hospital overnight? (NHANES)

☐ Yes ☐ No

Morisky Patient Medication Adherence:
(https://www.ncbi.nlm.nih.gov/pubmed/3945130)
Questions have been removed – please refer to the link above for sample questions.

Patient Assessment of Chronic Illness Care (PACIC)
(http://www.improvingchroniccare.org/index.php?p=User_Info&s=227)

41. In the past 6 months, when I received care for my chronic conditions, I was:

Asked for my ideas when we made a treatment plan.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Given choices about treatment to think about.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Asked to talk about any problems with my medicines or their effects.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Given a written list of things I should do to improve my health.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Satisfied that my care was well organized.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Shown how what I did to take care of myself influenced my condition.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always

Asked to talk about my goals in caring for my condition.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Helped to set specific goals to improve my eating or exercise.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Given a copy of my treatment plan.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Encouraged to go to a specific group or class to help me cope with my chronic condition.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Asked questions, either directly or on a survey, about my health habits.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Sure that my doctor or nurse thought about my values, beliefs, and traditions when they recommended treatments to me.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Helped to make a treatment plan that I could carry out in my daily life.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Helped to plan ahead so I could take care of my condition even in hard times.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Asked how my chronic condition affects my life.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Contacted after a visit to see how things were going.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Encouraged to attend programs in the community that could help me.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always

Referred to a dietitian, health educator, or counselor.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Told how my visits with other types of doctors, like an eye doctor or other specialist, helped my treatment.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always
Asked how my visits with other doctors were going.	☐ None of the time	☐ A little of the time	☐ Some of the time	☐ Most of the time	☐ Always

Self-Efficacy for Managing Chronic Disease
(https://www.selfmanagementresource.com/index.php/resources/evaluation-tools/english-evaluation-tools)

42. The following are statements about your confidence in keeping up daily activities while managing your chronic illness. Please rate them from 1 (not at all confident) to 10 (extremely confident).

	Not at all confident									Extremely confident
I can do the things I want to do even if I am tired.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
I can do the things I want to do even if I am in pain.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
I can do the things I want to do even if I am stressed.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
I can do the things I want to do even if I have symptoms or other health problems.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
I can make healthy choices and see the doctor less often.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
I can make healthy choices besides just taking my medicine.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

HINTS 4
(http://hints.cancer.gov/docs/Instruments/HINTS_4_Cycle_4_English_Annotated_Form.pdf)

43. In the past 12 months, have you used any of the following to exchange medical information with a health care professional?
Mark all that apply.

☐ E-mail	☐ Text message	☐ App on a smart phone or mobile device	☐ Video conference (e.g., Skype, Facetime, etc.)	☐ Social media (e.g., Facebook, Google+, etc.)	☐ Fax	☐ None

44. How interested are you in exchanging the following types of medical information with a health care provider electronically?

Appointment reminders	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
General health tips	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
Medication reminders	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
Lab/test results	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
Diagnostic information (e.g., medical illnesses or diseases)	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
Vital signs (e.g., heart rate, blood pressure, glucose levels, etc.)	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
Lifestyle behaviors (e.g., physical activity, food intake, sleep patterns, etc.)	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested
Symptoms (e.g., nausea, pain, dizziness, etc.)	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested

Digital images/video (e.g., photos of skin lesions)	☐ Not at all interested	☐ A little interested	☐ Somewhat interested	☐ Very interested

45. Please indicate how important the following statement is to you.
You should be able to get your medical information electronically.

☐ Very important ☐ Somewhat important ☐ Not at all important

46. How confident are you that safeguards (including the use of technology) are in place to protect your medical records from being seen by people who aren't permitted to see them?

☐ Very confident ☐ Somewhat confident ☐ Not confident

47. Have you ever been offered access to your own personal health information online through a secure website or app by your <u>health care provider</u>?

☐ Yes ☐ No

48. Have you ever been offered access to your own personal health information online through a secure website or app by your <u>health insurer</u>?

☐ Yes ☐ No

Please return to the study coordinator when you are finished.
If you have any questions, please contact _____ at _____. Thank you for your time.