

IQHealth: Patient's Enrollment Experience and Expectations

University of Missouri, Columbia MO

This is a questionnaire designed to be completed by patients in a home setting. The tool includes questions to assess the current state of personal health records and secure messaging.

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IQHealth: Patients' Enrollment Experience and Expectations v2

Waiver of Documentation of Consent

Consent

What is this study about?

You are among 1,200 patients being asked to participate in a research study about IQHealth, the online communication tool you have signed up to use with your health care team.

What will I be asked to do?

You will be asked to complete up to 3 surveys in the upcoming year. Questions will ask about your current use of computers for your health, your IQ-Health enrollment experience, and your opinions about the advantages, disadvantages, and concerns you might have about IQ-Health. Each survey will take about 5-10 minutes to complete. Some participants may be asked if they would be willing to volunteer to participate in additional studies in the future.

What are the benefits to me?

There are no direct benefits to you. You will be contributing to medical knowledge about health information technology in general. You will also be helping us improve IQ Health.

What if I change my mind?

By agreeing to participate today, you are not committing yourself to complete future surveys. You may withdraw consent at any time without any penalty or loss of benefits.

Are there any costs?

There are no costs to you except your time.

Are there any risks?

Although surveys will be confidential, there is a small risk of loss of confidentiality as there is with any online tool.

How will my information be kept confidential?

Your individual responses will not be reported. We will not share your contact information with anyone.

What if I have concerns?

If you have questions or concerns about this study, you may contact study personnel or the Institutional Review Board, the campus organization that is concerned with protecting research participants:

Principal Investigator: Dr. David Mehr, 573-882-3126

Project Coordinator: Cherith Moore, 573-884-4583

University of Missouri Health Sciences Institutional Review Board: 573-882-3181

Email DR?

1. In the past year, have you emailed your doctor about an issue regarding your health?

Yes

No

Don't Know/Not Sure

Email DR Yes/Unsure

2. In the past year, approximately how many times have you used a computer to email your doctor about an issue regarding your health (enter a number)?

Email DR NO

3. In the past year, how often have you used a computer to order prescription medications?

Never

1-2 Times

3-6 Times

7-12 Times

More Than 12 Times

4. Are there other ways that you use the Internet and/or email related to your health? Please specify:

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Level of interest

5. Please indicate your level of interest in the following ways of using IQHealth. (Please click one response per item)

	Not at all interested	A little bit interested	Moderately interested	Very interested
To email my doctor	jn	jn	jn	jn
To send blood pressure or blood sugar data to my doctor	jn	jn	jn	jn
To order prescription medications	jn	jn	jn	jn
To make doctor appointments	jn	jn	jn	jn
To look at the <u>medications</u> my doctor has recorded in my medical record	jn	jn	jn	jn
To look at the <u>allergies</u> my doctor has recorded in my medical record	jn	jn	jn	jn
To look at the <u>immunizations</u> my doctor has recorded in my medical record	jn	jn	jn	jn
To look at selected <u>lab test results</u> recorded in my medical record	jn	jn	jn	jn

6. 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 below)

Other online health? How Learn?

7. Other than IQHealth, have you ever used another online personal health record (such as Google Health or iHealth Record)?

Yes

No

Don't Know/Unsure

8. How did you learn about IQHealth? (Please click all that apply)

My physician

My nurse

Friend or family

Poster or other promotional materials at clinic

Web site

Email reply with IQHealth information

Other

If "other" please specify:

Enrollment Experience

Please tell us about your experience in getting enrolled to use IQHealth.

9. How did you enroll? (please click one response)

on-line website

filled out a form while in clinic

10. Who helped you enroll? (Please click all that apply)

I did not have help enrolling

My doctor

My nurse

Clinic receptionist

Other staff member

Please specify "other" staff member:

11. After you signed up for IQHealth how long did it take to get your login information?

Less than an hour

A few hours

One day

A few days

One week or more

general satisfaction

12. Overall, how satisfied were you with the enrollment process?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Very satisfied

13. Please use the following space to share your thoughts about your experience in enrolling and logging on to IQHealth.

14. How much do you expect IQHealth will help you with the following activities?
(Please click one response per item)

	Not at all	A little	Somewhat	Very much
Communicate with my health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work more closely with my care providers in managing my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate health information (for example, blood pressure, asthma symptoms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Order prescription refills or renewals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep track of my medication list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General information about you

The next questions ask basic information about you.

15. In general how would you rate your health?

excellent

very good

good

fair

poor

16. Do you have any chronic illness (for example: diabetes, high blood pressure, or asthma)?

yes

no

unsure

17. In what year were you born?

Please enter all four digits of the year you were born. (for example: 1975)

18. What is your gender?

male

female

general information cont.

19. What is your race? (please click all that apply)

White

Black

Asian

Other (please specify):

20. Are you of Hispanic or Latino(a) ethnicity?

yes

no

unsure

21. What is your highest level of education?

Did not graduate high school

High school graduate/GED

Trade/some college

College graduate

Post graduate degree

22. What is your annual household income? (please click one)

Less than \$20,000

\$20,000 - \$39,999

\$40,000 - \$59,999

\$60,000 or more

Comments and concerns

23. Do you have any other comments or concerns about using this web site to communicate with your doctor and get other health information? (Please specify in the space below)

Thank you for completing the survey!