

# Use of web-based health information – for patient practice portal users

Virginia Commonwealth University; Richmond, VA

This is a questionnaire designed to be completed by adult patients in their home. The tool includes questions to assess attitudes of the users regarding patient portals and health information technology on the internet and using mobile phones.

**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?**

Excellent Very good Good Fair Poor

**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?**

Yes No Not sure

**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:**

	A lot	A little	None at all
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community or church organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>

**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?**

	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 need this to handle my health needs	<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"/>
It would take too much time	<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"/>

**13) In general, if your health information were online, how worried would you about the privacy and confidentiality of your information?**

- Very worried   
Somewhat worried   
Not too worried   
Not at all worried

**14) Have you ever visited your practice's website, <<<merge field with web address>>?**

- Yes   
No   
Not sure

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

- 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)**

- From staff at the check in desk   
From your doctor's nurse  
From your doctor   
On the phone or from an email before an office visit  
On the phone or from an email after an office visit   
On the practice's website   
On a poster, pamphlet, or check-in card   
Other -----

**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:**

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**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.**

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**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.**