



## HRB Patient Participation Survey Questions Post-Enrollment

### Population Characteristics (17 questions)

Please select the multiple choice answer that best describes your experience.

1. In the last year, how often have you seen a healthcare professional for preventive care (immunization, wellness checkup, mammogram, and colonoscopy)?
  - a. I haven't seen a healthcare professional for preventive health care in the last year
  - b. Once-twice a year
  - c. 2-12 times a year
  - d. More than 12 times a year
  
2. In the last year, how often have you seen a healthcare professional for health problems like being sick or injured (visited the ER, clinic, doctor's office)?
  - a. I haven't seen a doctor or other healthcare professional for any sickness or injury in the last year
  - b. Once-twice a year
  - c. 2-12 times a year
  - d. More than 12 times a year

### (PAM is included in Pop Characteristics)

Please indicate how much you agree or disagree with each statement below. If the statement does not apply to you, select N/A.

3. When all is said and done, I am the person who is responsible for managing my health condition.
  
4. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
  
5. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.
  
6. I know what each of my prescribed medications do.

7. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
8. I am confident that I can tell a doctor my health concerns even when he or she does not ask.
9. I am confident that I can follow through on the medical treatments I need to do at home.
10. I understand the nature and causes of my health condition(s).
11. I know the different medical treatment options available for my health condition.
12. I have been able to maintain the lifestyle changes that I have to make because of my health condition.
13. I know how to prevent further problems with my health condition.
14. I know how to prevent further problems when new complications arise with my health condition.
15. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

Please select one answer that best describes your experience.

16. In an average month, how often do you use a computer to go on the internet or check email?
  - a. I sometimes don't access the internet/email for a whole month
  - b. Once a month
  - c. 2-5 times a month
  - d. 5-30 times a month
  - e. More than 30 times a month
17. Where do you access the internet/email most often?
  - a. My home computer
  - b. At work
  - c. At a friend or family member's house
  - d. At a public library
  - e. At an internet café or other commercial access
  - f. Other (please specify): \_\_\_\_\_

## HRB Use (6 Questions)

Please select the multiple choice answer that best describes your experience.

1. How many times have you logged on to look at your online health record?
  - a. Never
  - b. 1-3 times
  - c. More than 3 times
  
2. What information have you added to or updated in your online health record? Select all that apply.
  - a. I haven't added or updated any information.
  - b. My demographic information (name, date of birth, address, etc.)
  - c. My health indicators (blood pressure, blood sugar, weight, etc.)
  - d. My health history (family health history, dates of surgeries or procedures, etc.)
  - e. My current list of medications
  - f. My immunization information
  - g. Other (please specify): \_\_\_\_\_
  
3. What sources of information did you use to add data to your online health record – not including what was uploaded automatically? Select all that apply.
  - a. My records from my doctor/clinic
  - b. My medications from Walgreens, Longs, the hospital or another source
  - c. My immunization record from the doctor/clinic
  - d. Information from a health device that I can plug into my computer (heart monitor, blood pressure cuff, etc.)
  - e. Lab information like test results
  - f. I did not use other sources of information to create my online health record.
  - g. Other (please specify): \_\_\_\_\_
  
4. Who do you share your online health information with? This could be by printing out pages to share or by authorizing someone to have a password to view all or part of your online health record. Select all that apply.
  - a. A family member
  - b. A caregiver
  - c. My regular doctor or someone in his/her office
  - d. A new doctor I was seeing for the first time
  - e. A doctor or other personnel at the emergency room
  - f. Other (please specify): \_\_\_\_\_
  - g. I did not share any of the information from my online health record with anyone.

5. If an audit feature is available to you, do you use it to see who looked at your online health record? Select all that apply.
  - a. I am not aware of an audit feature as part of my online health record
  - b. I've never used this feature
  - c. I use the audit feature to see who looks at my online health record
  - d. I use the audit feature to see if anyone I don't know looked at my online health record.
  - e. I use the audit feature to see if the list of people with permission to see my online health record is accurate.
  - f. Other (please specify): \_\_\_\_\_
  
6. If you had any specific questions or concerns with your online health record – was it resolved to your satisfaction?
  - a. I haven't had questions/concerns at this point.
  - b. Yes, they were resolved. How and by whom? \_\_\_\_\_
  - c. I had questions/concerns, but didn't talk to anyone about them. (Please describe the problem/question \_\_\_\_\_.)
  - d. I voiced my questions/concerns but they were not resolved to my satisfaction. (Please describe the questions/concerns and what steps were taken by you and others to resolve them? \_\_\_\_\_.)

### **Satisfaction with Features (9 Questions)**

Please indicate how much you agree or disagree with each statement below. If the statement does not apply to you, select N/A.

My online health record...

1. helps me use my local health care system more effectively
2. helps me communicate more effectively with health care professionals
3. helps me share information from one doctor with other health care providers
4. helps me better organize and keep track of my medications
5. allows me to use more of the health-related tools and programs available on the internet
6. helps me understand my choices and make better decisions about my health
7. makes me feel more confident when interacting with the health care system
8. Other: \_\_\_\_\_
9. What would you like the online health record to help you do in the future?
  - a. *Free text response*

### **Online Health Record “Ease of Use” (4 questions)**

Please indicate how much you agree or disagree with each statement. If the statement does not apply to you, select N/A.

1. I can quickly find the information I need in my online health record.
2. It’s easy to update my online health record.
3. Adding information into my online health record from other (online) sources was easy to do.
4. It’s easy to share information from my online health record with those who need it.

NOTE: add note to N/A in this section “I haven’t shared my online health record”

### **Privacy and Security (3 Questions)**

Please indicate how much you agree or disagree with each statement below.

1. I control the information coming into and leaving my online health record.
2. I know who I authorized to see my online health record.
3. I understand the privacy and security policies I agreed to as part of the enrollment process for my online health record.