



## HRB Patient Participation Survey Questions

Pre-pilot Questions used by all HRB pilots from “go live” until mid-June.

### Common Enrollment Questions (5 questions)

1. How did you hear about this online health record? Select all that apply.
  - a. Doctor, clinic, or pharmacy
  - b. A website, letter or other communication from my doctor or clinic
  - c. Friend or family
  - d. Media or advertisement
  - e. Health fair or other community event
  - f. Presentation
  - g. Local library
  - h. School
  - i. Community organization (For example: Headstart, AARP)
  - j. Other (please specify): \_\_\_\_\_
  
2. How did you register for the online health record? Select all that apply.
  - a. Online/I used the internet
  - b. Completed a paper form myself
  - c. Faxed/mailed a paper form
  - d. Through a series of emails
  - e. Someone helped me register
  - f. I did part on paper and the rest online
  
3. How easy was the process of signing up for your online health record? Select one answer that best describes your experience.
  - a. Very easy
  - b. Easy
  - c. Difficult. How could it be made easier? \_\_\_\_\_
  - d. Very difficult. How could it be made easier? \_\_\_\_\_
  
4. How would you prefer to sign up for an online health record? Select one answer that best describes your preference.
  - a. Online
  - b. Fill out and mail a paper form
  - c. Face to face with help from an enrollment specialist
  - d. Other: \_\_\_\_\_

5. Who most often manages your online health record? For example: entering information, accessing the account, setting permissions. Select one answer that best describes your experience.
  - a. I do - as the account holder
  - b. I do - for a child(ren) in my household
  - c. A family member (examples: adult child, spouse)
  - d. A caregiver or friend

### **Patient Activation Measure (PAM) (13 questions)**

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

1. When all is said and done, I am the person who is responsible for managing my health condition.
2. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
3. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.
4. I know what each of my prescribed medications do.
5. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
6. I am confident that I can tell a doctor my health concerns even when he or she does not ask.
7. I am confident that I can follow through on the medical treatments I need to do at home.
8. I understand the nature and causes of my health condition(s).
9. I know the different medical treatment options available for my health condition.
10. I have been able to maintain the lifestyle changes that I have to make because of my health condition.
11. I know how to prevent further problems with my health condition.
12. I know how to prevent further problems when new complications arise with my health condition.

13. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

**Demographic Questions – About You (4 questions)**

1. Gender

Male    Female

2. Where do you live?

Bellingham area

Spokane area

Wenatchee area

3. Age

Under 25

26 – 35

36 – 45

46 – 55

56 – 65

66 & Up

4. In general, my overall health is:

Poor

Fair

Good

Very good

Excellent