

Treatment Group Survey

Interviewer Instructions

IT IS IMPORTANT THAT YOU COVER ALL THE QUESTIONS

1. Please fill out the response to each question using the following scale. Turn back and consult this scale when not sure which answer to select
2. We suggest you first determine whether the subject agrees or disagrees, and then determine what the level of the agreement is.

7	6	5	4	3	2	1	8
Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know

3. For most questions, please record only one answer. Some questions in Section I allow multiple responses.
4. Try to work rapidly, capturing the interviewees' first impressions, but make sure you are not pushy.

**Questionnaire for Diabetes Patients' Eligible for the MyChart
Technology for Self-Monitoring and Self-Care**

Instruction for the Interviewee

- Hello, this is _____. May I speak with _____.
Hello _____. I'm calling about your participation in the MyChart study at the Cleveland Clinic. When you visited with Dr. _____ on _____ you thought this might be a good time for us to call to interview you. As you may recall, we are conducting this survey to measure how you feel about the *MyChart* system provided to you by the Cleveland Clinic to help you manage your diabetes. We would like your opinion even if you do not want to use *MyChart*. Do you have twenty minutes to answer our questions?

===== **BAD Time can not participate**=====

I am sorry to have disturbed you. Would you like to tell us another time, which would be more convenient for us to call?

New preferred appointment time: _____

===== **Yes Go ahead**=====

- The medical and research information recorded about you will be kept strictly confidential, to be used by the Cleveland Clinic, MetroHealth Medical System and the Weatherhead School of Management as part of this research.
- We'll be asking you two kinds of questions. The first set of questions will help us get an understanding of your background. The second set will ask you to tell us your feelings and opinions about your diabetes condition and using MyChart technology to help your treatment. Some of the questions may seem repetitive. We are not trying to trick you. We want to take many measurements to ensure that we are accurate in our understanding of your opinions. We are also interested in any comments that you might have.

Section I - Background Information

In this section we would like you to tell us a bit about yourself. I will read to you the answer categories for each question. You need to tell me which answer fits the best. Feel free to choose any of the responses that apply. You may choose to omit any question you do not feel comfortable answering.

1. What is your current marital status?

Single

Married

Divorced

Widowed

2. What is your race?

Native American or Native Alaskan

Black or African American

Native Hawaiian and Other Pacific Islander

White

Asian

Other

3. What is your highest level of education?

No high school

Some high school

High school/GED

Some college

4 year college degree

Graduate degree

4. Who do you talk with about your diabetes? (check all that apply)

Family

Friends

Religious Community

Others (Please specify)

Co-workers

Physicians

Nurses

5. How long have you been a patient of the physician in charge of your diabetes treatment?
- Less than 1 year More than 5, but less than 10 years
 More than 1 but less than 5 years 10 years or more
6. How long have you had diabetes?
- Less than 3 months More than 1, but less than 5 years
 More than 3 months, 5 years or more
but less than 1 year
7. How often do you visit your primary care physician?
- Once per year Four times per year
 Twice per year More than four times per year
 Three times per year
8. How satisfied are you with the care provided by the physician in charge of your diabetes treatment?
- Very satisfied Somewhat dissatisfied
 Satisfied Dissatisfied
 Somewhat satisfied Very dissatisfied
 Neutral
9. How closely do you follow the current regimen recommended by your physician?
- Very closely Not very closely
 Closely Not at all
 Somewhat closely

10. In general would you say your health is:
- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

11. What type of health insurance do you have?
- | | |
|--|--|
| <input type="checkbox"/> No coverage | <input type="checkbox"/> MediCare and Medicaid |
| <input type="checkbox"/> MediCare only | <input type="checkbox"/> MediCare plus others |
| <input type="checkbox"/> Medicaid only | <input type="checkbox"/> Other |

Please specify: _____

12. Are you currently employed?
- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Other |

Please specify: _____

13. Do you have access to the Internet?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, where do you have access to the Internet from (check all that apply)

- | | |
|-------------------------------|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Library |
| <input type="checkbox"/> Work | <input type="checkbox"/> Other (Please specify) |

14. Have you ever used the World Wide Web?

Yes

No

a. If yes, how many years have you been using the World Wide Web?

_____ years

b. If yes, how frequently do you use the World Wide Web (check the closest that applies)?

Everyday

A few times a week

Once a week

Once a month

Did it a few times

Did it once

15. Have you bought goods or services over the World Wide Web?

Yes

No

a. If yes, how frequently have you bought goods and services over the World Wide Web (check the closest that applies)?

Everyday

A few times a week

Once a week

Once a month

Did it a few times

Did it once

Section II – Feelings about your diabetes and the use of IT to help monitor your diabetes

The next set of statements will help us understand the level of satisfaction you feel with your way of life and the treatment of your diabetes. Please tell me on a scale from ‘1’ to ‘7’, with '7' for very satisfied, and '1' very dissatisfied, how you would describe your satisfaction with your diabetes in relation to aspects of the treatment and your lifestyle. **[Read again if necessary]**. You also have the option of indicating that you do not know. You may omit any question that you do not feel comfortable answering.

	Very Satisfied	Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Dissatisfied	Very Dissatisfied	Do not Know
16. How satisfied are you with the amount of time that it takes to manage your diabetes?	7	6	5	4	3	2	1	8
17. How satisfied are you with the amount of time you spend getting checkups?	7	6	5	4	3	2	1	8
18. How satisfied are you with the amount of time it takes to determine your sugar level?	7	6	5	4	3	2	1	8
19. How satisfied are you with your current treatment?	7	6	5	4	3	2	1	8
20. How satisfied are you with the current flexibility you have in your diet?	7	6	5	4	3	2	1	8

	Very Satisfied	Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Dissatisfied	Very Dissatisfied	Do not Know
21. How satisfied are you with the level of burden your diabetes places on your family?	7	6	5	4	3	2	1	8
22. How satisfied are you with your knowledge about your diabetes?	7	6	5	4	3	2	1	8
23. How satisfied are you with your social relationships and friends?	7	6	5	4	3	2	1	8
24. How satisfied are you with your leisure time?	7	6	5	4	3	2	1	8
25. How satisfied are you with life in general?	7	6	5	4	3	2	1	8

The next group of statements looks at the management of your diabetes. I will read to you several statements. Using a scale from '1' to '7', please answer with the number that best reflects your level of agreement with the statement. Answer '7' if you strongly agree, '1' if you strongly disagree, or any number in between. You also have the option of indicating that you do not know. **[Read again if necessary]**. You may omit any question that you do not feel comfortable answering.

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know
26. I intend to make changes in my diabetes management in the next month.	7	6	5	4	3	2	1	8
27. I have made changes in my diabetes management in the last 6 months.	7	6	5	4	3	2	1	8
28. I intend to make changes in my diabetes management in the next 6 months.	7	6	5	4	3	2	1	8
29. My diabetes has been in good control for more than 6 months.	7	6	5	4	3	2	1	8
30. Teaching diabetes patients how to treat some of their own illnesses without contacting a physician may cause more harm than good.	7	6	5	4	3	2	1	8
31. Self-care programs are not very likely to result in better health for the participating diabetes patients.	7	6	5	4	3	2	1	8
32. Self-care will probably not reduce the number of times diabetes patients contact their physician.	7	6	5	4	3	2	1	8

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know
33. One problem with self-care programs is that most diabetes patients can't learn to take care of themselves adequately.	7	6	5	4	3	2	1	8
34. Most diabetes patients would prefer to take care of their own diabetes problems without asking for professional help.	7	6	5	4	3	2	1	8
35. Very few diabetes patients want to make their own decisions about their diabetes care.	7	6	5	4	3	2	1	8
36. Diabetes patients need to rely more on their common sense and less on their physicians regarding caring for their diabetes.	7	6	5	4	3	2	1	8
37. If diabetes patients took care of their less-serious healthcare problems themselves, then patients with serious illnesses would have easier access to physicians.	7	6	5	4	3	2	1	8
38. A diabetes patient shouldn't take any medication unless a doctor recommends it to them.	7	6	5	4	3	2	1	8
39. Diabetes patients need to rely less on physicians and more on their common sense regarding care of their bodies.	7	6	5	4	3	2	1	8

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know
40. It is undesirable for diabetes patients to diagnose and treat their own illnesses.	7	6	5	4	3	2	1	8
41. Teaching diabetes patients how to treat some of their own illnesses without contacting a physician may cause more harm than good.	7	6	5	4	3	2	1	8

This section of our survey looks at the use of information technology to help patients monitor their diabetes. We would like to get a better understanding of your opinions and feelings about the use of E-Cleveland Clinic MyChart®: Your Personal Health Connection™, to help in your diabetes management. I will read to you several statements. Using a scale from '1' to '7', please answer with the number that best reflects your level of agreement with the statement. Answer '7' if you strongly agree, '1' if you strongly disagree, or any number in between. You also have the option of indicating that you do not know. **[Read again if necessary]**. You may omit any question that you do not feel comfortable answering.

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know
42. I intend to use MyChart to help me follow my regimen.	7	6	5	4	3	2	1	8
43. People who influence my behavior think that I should use MyChart.	7	6	5	4	3	2	1	8
44. I would feel comfortable using MyChart on my own.	7	6	5	4	3	2	1	8
45. A web-based system that is easy to learn is important to me.	7	6	5	4	3	2	1	8
46. I intend to use MyChart regularly.	7	6	5	4	3	2	1	8
47. A web-based system that is easy to use is important to me.	7	6	5	4	3	2	1	8
48. Generally speaking, I want to do what my family thinks I should do.	7	6	5	4	3	2	1	8
49. If I wanted to, I could easily use any part of MyChart on my own.	7	6	5	4	3	2	1	8

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know
50. Instructions for using MyChart will be hard to follow.	7	6	5	4	3	2	1	8
51. I intend to use MyChart.	7	6	5	4	3	2	1	8
52. I have the resources, the knowledge and the ability to make use of MyChart.	7	6	5	4	3	2	1	8
53. For me, being able to easily use any part of MyChart on my own is important.	7	6	5	4	3	2	1	8
54. A web-based system that helps me manage my diabetes is important to me.	7	6	5	4	3	2	1	8
55. Instructions that are easy to follow are important to me.	7	6	5	4	3	2	1	8

In this last section of our survey we would like to understand your opinions about your success in reaching important goals in the past. I will read to you several statements. Using a scale from '1' to '7', please answer with the number that best reflects your level of agreement with the statement. Answer '7' if you strongly agree, '1' if you strongly disagree, or any number in between. You also have the option of indicating that you do not know. **[Read again if necessary]**. You may omit any question that you do not feel comfortable answering.

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Do not Know
56. I usually succeed in translating good intentions into action.	7	6	5	4	3	2	1	8
57. When there is an opportunity to do something more enjoyable, my previous good intentions are usually lost.	7	6	5	4	3	2	1	8
58. If something important to me turns out to be difficult, I just persist in my efforts.	7	6	5	4	3	2	1	8
59. I often find it very hard to bring myself to take an unpleasant, but necessary action.	7	6	5	4	3	2	1	8

This brings us to the end of our survey. Thank you for taking the time to help us with all the questions. The information you have provided us will be critical in helping us study how people make the decision to use technology to help manage their diabetes. Thank you once again, on behalf of the Cleveland Clinic, the MetroHealth Medical System and the Weatherhead School of Management

Do you have any other comments or questions we could answer?
