

Health Information Technology and Workflow Clinician and Office Staff Survey

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0212) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Instructions

We appreciate the time you are taking to complete this survey and hope that the information will help us better understand how new technology influences the work people do in physician practices.

This is a survey about health information technology such as:

- **Electronic Health Records** (EHR or EMR, such as Allscripts, EPIC, EHS, Greenway);
- **Health Information Exchange** (HIE: A system that transfers patient health information electronically between two or more hospitals or other healthcare providers.);
- **Patient Portal** (sometimes referred to as [electronic] personal health records or PHRs; allows patients to view portions of their medical records [e.g., laboratory test results] and supports other health-related tasks such as making appointments or requesting medication refills. Some patient portal applications exist as stand-alone Web sites; other portal applications are integrated into an existing EHR system);
- **Secure Messaging with patients** (use of secure e-mail between patients and clinicians, typically using the secure messaging functionality in the EHR and/or patient portal);
- **e-forms** (surveys that are administered using computerized media [e.g., tablets, laptops] to collect information from patients using pre-formatted forms before or during patient visits).

When completing the survey, you can leave blank any questions that you do not want to answer. Your responses will be kept confidential to the extent permitted by law, including Section 944(c) of the Public Health Service Act. 42 U.S.C. 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied. This survey has been designed to gather information about the work you do, the technology you use, and how the technology you use impacts how you do your work. Please try to answer all of the questions.

To answer the questions, check the appropriate box on the scale. For example:

| | Never | | It varies | | | Always | |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Secure messaging has a negative impact on patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Some questions will require answers similar to the scale above, while other questions will require different responses. Please try to be as accurate as possible.

Section A. About your job

1. Please check your current job position:

(For respondents who have multiple jobs: please answer the question for the job position that you have spent most of your time in the last 6 months)

- | | |
|--|---|
| <input type="checkbox"/> ₁ Physician | <input type="checkbox"/> ₂ Specialist |
| <input type="checkbox"/> ₃ Physician Assistant | <input type="checkbox"/> ₄ Nurse |
| <input type="checkbox"/> ₅ Nurse Practitioner | <input type="checkbox"/> ₆ Medical Assistant |
| <input type="checkbox"/> ₇ Receptionist/Scheduler | <input type="checkbox"/> ₈ Lab or X-ray Technician |
| <input type="checkbox"/> ₉ Other (specify) _____ | |

2. How long have you been in your current position? _____ years _____ months

3. How many hours do you work at your job in an **average** week? _____ hours per week

4. Do you use (please check all that apply):

- | |
|---|
| <input type="checkbox"/> ₁ Electronic Health Records (EHR or EMR, such as Allscripts, EPIC, EHS, Greenway) |
| <input type="checkbox"/> ₃ Health Information Exchange (HIE, a technology that connects EHRs from different hospitals and practices) |
| <input type="checkbox"/> ₂ Patient portal (sometimes referred to as [electronic] personal health records or PHRs; allows patients to view portions of their medical records [e.g., laboratory test results] and supports other health-related tasks such as making appointments or requesting medication refills. Some patient portal applications exist as stand-alone Web sites; other portal applications are integrated into an existing EHR system) |
| <input type="checkbox"/> ₄ Secure messaging with patients (use of secure e-mail between patients and clinicians, typically using the secure messaging functionality in the EHR and/or patient portal) |
| <input type="checkbox"/> ₅ e-forms (surveys that are administered using computerized media [e.g., tablets, laptops] to collect information from patients using pre-formatted forms before or during patient visits) |

5. For which of the following health IT applications did you receive training:

- ₁ Electronic Health Records (EHR)
- ₂ Health Information Exchange (HIE)
- ₃ Patient Portal
- ₂ Secure Messaging with patients
- ₂ e-forms

Section B. About organizational readiness for change

Please indicate your agreement or disagreement with the following statements, considering your practice:

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Among my colleagues, I am usually one of the first to find out about a new care process, diagnostic test, or treatment. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 2. After we make changes to improve quality, we evaluate their effectiveness. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. Our procedures and systems are good at preventing errors from occurring. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. We are innovative. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

C. About the patient portal

Patient Portals, which are sometimes referred to as [electronic] personal health records or PHRs, allow patients to view portions of their medical records (e.g., view laboratory test results) and support other health-related tasks such as making appointments or requesting medication refills. Some patient portal applications exist as stand-alone Web sites; other portal applications are integrated into an existing EHR system.

1. Does the practice you work in use a patient portal?

₁ Yes

₂ No (*go to Section D*)

If you provide **direct care** (physicians, PAs, NPs, nurses, and MAs), please fill out the questions in Table A below.

If you **do not provide direct care** (receptionist, scheduler, technician), please fill out the question in Table B.

How much do you agree or disagree with the following statements about the patient portal?

| TABLE A: Clinicians | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. The patient portal makes communication with patients more efficient. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 2. Overall, the patient portal saves me time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. The patient portal has a negative impact on patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. The patient portal has a negative effect on my workflow. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 5. The patient portal has a positive effect on patient-clinician communication. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 6. The information I receive from the patient portal makes an impact on my decision-making. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 7. The patient portal reduces my workload. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 8. The patient portal reduces patient care errors. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 9. The patient portal improves the quality of patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 10. The information I get from the patient portal make my work easier. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 11. The patient portal has a positive impact on patient satisfaction | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 12. Overall, I am satisfied with the patient portal. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

How much do you agree or disagree with the following statements about the patient portal?

| TABLE B: Non-clinicians | Strongly disagree | Disagree | Neither | Agree | Strongly agree | Not applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. The patient portal makes communication with patients more efficient. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 2. Overall, the patient portal saves me time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 3. The patient portal has a negative effect on my workflow. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 4. The patient portal reduces my workload. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 5. The patient portal improves the quality of patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 6. The information I get from the patient portal makes my work easier. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 7. The patient portal has a positive impact on patient satisfaction. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 8. Overall, I am satisfied with the patient portal. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |

Section D. About secure messaging

Secure messaging refers to use of secure e-mail between patients and clinicians, typically using the secure messaging functionality in the EHR and patient portal.

1. Do you use secure messaging (secure e-mails between patients and clinicians)?

₁ Yes

₂ No (*go to Section E*)

If you provide **direct care** (MDs, PAs, NPs, nurses and MAs) please fill out question 2 and the questions in Table A below.

If you **do not provide direct care** (receptionist, scheduler, technician), please fill out the question in Table B.

2. With what percentage of your patients do you communicate by secure messaging?

₁ 1-10%

₂ 11-25%

₃ 26-50%

₄ More than 50%

How much do you agree or disagree with the following statements about secure messaging?

| TABLE A: Clinicians | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Secure messaging makes communication with patients more efficient. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 2. Overall, secure messaging saves me time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. Secure messaging has a negative impact on patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. Secure messaging has a negative effect on my workflow. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 5. Secure messaging has a positive effect on patient-clinician communication. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 6. The information I receive from secure messaging makes an impact on my decisionmaking. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 7. Secure messaging reduces my workload. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 8. Secure messaging reduces patient care errors. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 9. Secure messaging improves the quality of patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 10. The information I get from secure messaging makes my work easier. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 11. Secure messaging has a positive impact on patient satisfaction. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 12. Overall, I am satisfied with secure messaging. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

How much do you agree or disagree with the following statements about secure messaging?

| TABLE B: Non-clinicians | Strongly disagree | Disagree | Neither | Agree | Strongly agree | Not Applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Secure messaging makes communication with patients more efficient. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 2. Overall, secure messaging saves me time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 3. Secure messaging has a negative effect on my workflow. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 4. Secure messaging reduces my workload. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 5. Secure messaging improves the quality of patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 6. The information I get from secure messaging makes my work easier. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 7. Secure messaging has a positive impact on patient satisfaction. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 8. Overall, I am satisfied with secure messaging. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |

Section E. About e-forms

Does the practice you work in use *e-forms*? E-forms are surveys that are administered using computerized media (e.g., tablets, laptops) to collect information from patients using pre-formatted forms before or during patient visits.

₁ Yes

₂ No (*go to Section F*)

If you provide **direct care** (physicians, physician assistants, nurse practitioners, nurses, and medical assistants), please fill out the questions in Table A below.

If you **do not provide direct care** (receptionist, scheduler, technician), please fill out the question in Table B.

How much do you agree or disagree with the following statements about e-forms?

| | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| TABLE A: Clinicians | | | | | |
| 1. e-forms make communication with patients more efficient. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 2. Overall, e-forms save me time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. e-forms have a negative impact on patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. e-forms have a negative effect on my workflow. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 5. e-forms have a positive effect on patient-clinician communication. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 6. The information I retrieve from e-forms makes an impact on my decisionmaking. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 7. e-forms reduce my workload. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 8. e-forms reduce patient care errors. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 9. e-forms improve the quality of patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 10. The information I get from e-forms makes my work easier. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 11. e-forms have a positive impact on patient satisfaction. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 12. Overall, I am satisfied with e-forms. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

| | Strongly disagree | Disagree | Neither | Agree | Strongly agree | Not Applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| TABLE B: Non-clinicians | | | | | | |
| 1. e-forms make communication with patients more efficient. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 2. Overall, e-forms save me time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 3. e-forms have a negative effect on my workflow. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 4. e-forms reduce my workload. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 5. e-forms improve the quality of patient care. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 6. The information I get from e-forms make my work easier. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 7. e-forms have a positive impact on patient satisfaction. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| 8. Overall, I am satisfied with e-forms. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |

Section F. Barriers to using health IT in your work

How much of a barrier is each of the following to the use of health information technology (EHR, HIE, patient portal, secure messaging, e-forms) in your practice?

| | Not a barrier | Minor barrier | Major barrier |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Computer skills of you and/or colleagues/staff | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 2. Computer technical support | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 3. Lack of time to acquire knowledge about technology | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 4. Start-up financial costs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 5. Ongoing financial costs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 6. Training and productivity loss | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 7. Physician skepticism | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 8. Privacy or security concerns | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 9. Lack of uniform standards within industry (e.g., having to use multiple systems used by different providers and health systems/providers) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 10. Technical limitations of health information technology | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 11. Staff skepticism | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| 12. Workflow changes | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Section G. About your perceptions of work

| | | | | | | | | | |
|--|----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------|
| 1. How satisfied are you with the care provided at your practice? | Totally dissatisfied | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | Completely satisfied |
| 2. How would you rate the quality of care provided at your practice? | Lowest | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | Highest |

The following questions deal with the workload that you experience in your job. Please put an 'X' on each of the following six scales at the point that matches your overall experience of workload.

| | Low | High |
|---|-----|------|
| 3. Mental demand. How much mental activity is required to perform your job (thinking, deciding, calculating, remembering, looking, searching, etc...)? | | |
| 4. Physical demand. How much physical activity is required to perform your job (e.g., pushing, pulling, turning, controlling, activating, etc.)? | | |
| 5. Temporal demand. How much time pressure do you feel due to the rate or pace at which the tasks or task elements occurred? | | |
| 6. Effort. How hard do you have to work (mentally and physically) to accomplish your level of performance? | | |
| 7. Performance. How satisfied are you with your performance at your job? | | |
| 8. Frustration level. How insecure, discouraged, irritated, stressed and annoyed versus secure, gratified, content, relaxed and complacent do you feel about your job? | | |

9. All in all, how satisfied would you say you are with your job?

| | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Not at all satisfied | Not too satisfied | Somewhat satisfied | Very satisfied |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

10. How likely is it that you will actively look for a new job in the next year?

| | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Not at all likely | Somewhat likely | Quite likely | Extremely likely |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | |

| | Never | A few times a year or less, almost never | Once a month or less, rarely | A few times a month, sometimes | Once a week, rather often | A few times a week, nearly all the time | Every day |
|---|---------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|
| 11. I feel emotionally drained from my work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| 12. I feel used up at the end of the workday. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| 13. I feel fatigued when I get up in the morning and have to face another day on the job. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| 14. Working all day is really a strain for me. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| 15. I feel burned out from my work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

Section H. About you

1. What is your gender? ₁ Male ₂ Female

2. What is the highest level of education you have completed?
 - ₁ High school/GED
 - ₂ Some college
 - ₃ 2-year college degree (Associate)
 - ₄ 4-year college degree (Bachelor, BA, BS, BSN, etc.)
 - ₅ Master's degree (MA, MS)
 - ₆ Professional degree (MD, PharmD)
 - ₇ Doctoral degree (PhD, DNP, etc)

3. How old are you? ₁ 34 or less ₂ 35-44 ₃ 45-54 ₄ 55+

4. Are you of Hispanic or Latino origin? ₁ Yes ₂ No

5. What is your racial background? (Check all that apply)
 - ₁ American Indian / Alaska Native
 - ₂ Asian
 - ₃ Native Hawaiian or Other Pacific Islander
 - ₄ Black / African American
 - ₅ White
 - ₆ Other (please specify): _____

6. What description does best describe the level of your computer skills?
 - ₁ **Novice user** (You just started using computers)
 - ₂ **Average user** (You use word processors, spreadsheets, e-mail, surf the Web, etc.)
 - ₃ **Advanced user** (You can install software, setup configurations, etc.)
 - ₄ **Expert user** (You can setup operating systems; know some computer programming languages, etc.)

7. How many years of computer experience do you have? _____ years

Please write any comments you may want to share with the research team.

Thank you very much for your participation in this study.