

Intro MyChart Bedside Survey

MyChart Bedside was developed to allow you to access your child's medical information while in the hospital. As the first children's hospital to use MyChart Bedside, we hope to better understand how it impacts you and the care of your child. Completion of this survey is voluntary and your responses are confidential. Your name and other identifying information will not be associated with your answers. It will take 10 minutes or less to complete this survey.

Instructions: - This survey is to be completed once by the child's parent or legal guardian prior to discharge.

Please try to answer every question in this survey. If you feel unsure about a question, please answer it to the best of your ability.

Q1 Section A. About MyChart Bedside

How often did you use MyChart Bedside during this hospital stay?

- Never (1)
- Once (2)
- 2 to 5 times (3)
- 6 to 10 times (4)
- Over 10 times (5)
-

If Never Is Selected, Then Skip To What challenges did you face using MyChart Bedside...

Q2 Based on your experience using MyChart Bedside, please indicate how much you agree or disagree with each statement below (check one box for each)

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
MyChart Bedside is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I get from MyChart Bedside is useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MyChart Bedside improves my communication with my child's nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MyChart Bedside improves my communication with my child's doctor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MyChart Bedside reduces errors in the care of my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I get from MyChart Bedside helps me monitor my child's health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I get from MyChart Bedside helps me understand the care my child needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I get from MyChart Bedside helps me make decisions about my child's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I get from MyChart Bedside helps me care for my child's health care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's care in the hospital is better with MyChart Bedside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with MyChart Bedside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Did you find errors in your child's medication list when you used MyChart Bedside?

- Yes (1)
- No (2)

Q3 What impact does MyChart Bedside have on the amount of questions you have for your child's doctors and nurses in the hospital?

- MyChart Bedside gives me the information I need and, therefore, I have fewer questions (1)
- The information I get from MyChart Bedside does not change the amount of questions I have (2)
- I have more questions after getting information from MyChart Bedside (3)

Q5 What 3 things do you like most about MyChart Bedside?

1. (1)
2. (2)
3. (3)

Q6 What do you dislike about MyChart Bedside?

Q7 What challenges did you have using MyChart Bedside? (check all that apply)

- I was too busy to use it (1)
- It was too hard to use (2)
- The information on it was not useful to me (3)
- The information on it was confusing or hard to understand (12)
- I was concerned about losing or damaging the tablet (4)
- There was not enough computer technical support (5)
- I was not able to use it when I was not at the hospital (6)
- I knew test results before my child's doctor or nurse (7)
- Staff did not respond to my messages or requests in a timely manner (8)
- Staff seemed skeptical of it (9)
- Other, please specify (10) _____
- None (11)

Q8 What other MyChart Bedside features or tablet applications (apps) would be useful to you or your child?

Q9 Is there anything else you would like to tell us about MyChart Bedside or the tablet?

Q10 Section B. About you

How are you related to the child?

- Mother (1)
- Father (2)
- Other relative or legal guardian (3)

Q11 What is your age?

- Under 18 (1)
- 18 to 24 (2)
- 25 to 34 (3)
- 35 to 44 (4)
- 45 to 54 (5)
- 55 to 64 (6)
- 65 or older (7)

Q12 What is the highest level of education you completed?

- 8th grade or less (1)
- 9th to 12th grade but not a high school graduate (2)
- High school graduate or GED (3)
- Some college or 2-year degree (4)
- 4-year college graduate (5)
- More than 4-year college degree (6)

Q13 Before this hospital stay, how often did you text, use the Internet, or an application (app)?

- Daily (1)
- Several times a week (2)
- Once a week or less (3)

Q14 Before this hospital stay, have you used the Internet or applications (apps) to: (check all that apply)

- Look up health information (1)
- Communicate with a care provider (2)
- Look up test results (3)
- Review medications (4)
- Refill a prescription (5)
- Schedule a medical appointment (6)
- Use MyChart (7)

Q15 Section C. About your child

In general, would you say your child's health is:

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

Q16 About how many times has your child ever been hospitalized, including this hospital stay and your child's birth hospitalization?

Q17 What problem(s) is your child in the hospital for now? (check all that apply)

- Breathing problem (1)
- Stomach or intestinal problem (2)
- Seizure and/or headache (3)
- Fever (5)
- Kidney or urinary tract infection (6)
- Broken bone(s) (7)
- Other, please specify (4) _____