

Appendix 2. Electronic Health Record (EHR) End User Evaluation Questionnaire

SECTION 1. Demographics	
<i>Instruction:</i> If you have already provided this information in the Computer Literacy Survey previously conducted, please skip to SECTION 2.	
Your 5 Digit ID #: _____	
Your age: _____	
Your gender	<input type="radio"/> Male <input type="radio"/> Female
Please indicate your provider or staff type:	
Provider type:	Staff type:
<input type="radio"/> Advanced practice nurse <input type="radio"/> Behavioral Health Therapist <input type="radio"/> Complementary Therapist <input type="radio"/> Dentist <input type="radio"/> Optometrist <input type="radio"/> Physical therapist <input type="radio"/> Physician <input type="radio"/> Physician Assistant <input type="radio"/> Podiatrist <input type="radio"/> Social worker <input type="radio"/> Other (please specify): _____	<input type="radio"/> Case Manager <input type="radio"/> Lab Staff <input type="radio"/> Management <input type="radio"/> Medical Assistant <input type="radio"/> Medical Records <input type="radio"/> Nursing <input type="radio"/> Patient Services <input type="radio"/> Quality Improvement
If you are a provider, what is your specialty?	<input type="radio"/> Family Practice <input type="radio"/> Mental/Behavioral Health <input type="radio"/> OB/GYN/Women's Health <input type="radio"/> Other (please specify): _____ <input type="radio"/> Adult/Internal medicine <input type="radio"/> Midwife <input type="radio"/> Pediatrics
Years in practice: _____	
Years working in clinic: _____	
Country of Origin	<input type="radio"/> United States <input type="radio"/> Other (please specify): _____ <input type="radio"/> If other, how many years have you been in the United States: _____
SECTION 2. Prior Experience of EHRs	
What EHR system are you currently using? _____	
How long have you been using this EHR? _____	
Prior to using this system, do you have any experience with EHRs before? Note an EHR must provide at least the following 2 basic functions: (1) capture and display of critical patient data; and (2) providing some level of decision-support (e.g. disease management template, drug interaction alerts). <input type="radio"/> No <input type="radio"/> Yes	
	Much worse Worse No difference Better Much better
If NO: Compared to your experience before this EHR was installed, how has use of this EHR changed your work?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Much worse Worse Similar Better Much better
If YES: In general, how would you rate this EHR compared to the EHR system(s) you used before?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
If YES: Please provide the vendor or product name of the EHR system(s) you used most recently:	

If YES: In what particular way does your experience with this EHR differ from your prior experience?

SECTION 3. Your EHR Use Environment					
<i>Instruction:</i> Based on your experience with this EHR, please indicate the extent to which you agree (or disagree) with the following statements:					
	Strongly disagree	Disagree	Agree	Strongly agree	
Our facility has adequate dedicated IT staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The system crashes often in the middle of a visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
When this EHR system is down, we have policies and procedures to allow the clinic to continue to see patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Our facility has adequate computer terminals to access this EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lab results appear in this EHR in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
This EHR allows me to review trends in lab values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The project plan was adequately communicated to us during implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The administration of our facility was supportive during implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adequate resources were committed to the implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
What is the main device you use to access this EHR?	<input type="radio"/> Desktop Computer <input type="radio"/> Tablet PC <input type="radio"/> Other (please specify): _____		<input type="radio"/> Laptop <input type="radio"/> Slate		
Does your main device access this EHR wirelessly?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Do not know		
	Always	Most of the time	Half of the time	Infrequently	Never
Does your facility still operate on paper to support some processes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If so, please specify what these paper-based processes are:					

SECTION 4. Evaluation of the EHR
<i>Instruction:</i> Based on your experience with this EHR, please indicate the extent to which you agree (or disagree) with the following

statements:				
	Strongly disagree	Disagree	Agree	Strongly agree
Use of this EHR has helped me:				
Get my work done more efficiently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid making mistakes (e.g. overlook of a drug interaction).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide more comprehensive care to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide better quality of care to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve the satisfaction of my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning how to use this EHR is easy to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This EHR is easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This EHR screens are intuitive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received adequate training on how to use this EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My questions about use of this EHR were sufficiently answered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received technical support whenever I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the support I have received in use of this EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with my experience with this EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My experience with this EHR is better than I expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this EHR to other similar practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can do my job better without this EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My colleagues have negative opinion about this EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I think our practice's transition to this EHR was a bad idea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of this EHR interferes with my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of this EHR is easier than I expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The EHR screens respond to my actions instantly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be in favor of ceasing use of this EHR in our practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of this EHR requires me to do more work compared to what I used to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We should go back to paper forms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The system downtime is acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This EHR provides all functionalities that I expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there are some functionalities missing in this EHR, please specify: _____				
What additional help you would need to use this EHR more effectively? _____				
Is there a particular way the support of your use of this EHR can be improved? _____				

SECTION 5. EHR Impact

Instruction: Based on your experience, please indicate whether you believe the effect of this EHR on your clinical practice has been beneficial, detrimental, or neither, using the scale below:

	Highly detrimental	Detrimental on the whole	Neither detrimental nor beneficial	Beneficial on the whole	Highly beneficial
Costs of providing care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinician autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interactions within the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyment of clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians' stress level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians' self-image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humaneness of clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rapport between clinicians and patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal and professional privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians' access to up-to-date knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients' satisfaction with the quality of care they receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalists' ability to manage more complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have any other comments about this EHR and its use in the practice, please provide below:

Thanks for your cooperation!