APPENDIX B: PARTICIPANT CHARACTERISTICS SURVEY

	Participant ID#
	Date: Start time:
	End time:
	Recorder:
DE	EMOGRAPHICS
1.	Age:
2.	Sex: Male o Female o
3.	Race/Ethnicity: (as identified by participant)
4.	Marital status: Married o Single (unmarried, widowed or divorced) o
5.	Ages of other members of the same household:
	Spouse Children Others
	[If possible, find out relationships of "others" to index individual]
PE	RCEIVED HEALTH STATUS
6.	In general, would you say that your health is:
	o Excellent
	o Very good
	o Good
	o Fair
	o Poor
	OMPUTER USE/SKILLS (pose to person who manages <u>all or some</u> of their own alth information)
7.	Have you ever used a computer? Yes 0 No 0 If NO, go to $\#8$; If YES, go to $\#10$
8.	Are you curious about using computers or interested in trying? Yes o No o
	If NO, go to #9; If YES, go to #10

9. Do you mind sharing why you're not? (Don't press if participant wishes not to respond.)

After response, END

- 10.Do you have access to a computer? Yes o No o If NO, go to #18; If YES, go to #11
- 11. Where is that computer located? (e.g., in the home, at the library, a friend or family member's home, etc.)
- 12. Is that computer connected to the Internet? Yes o No o Don't know o
- 13.Do you ever use that computer? Yes 0 No 0 If NO, go to #14; If YES, go to #15
- 14.Do you mind sharing why you don't? (Don't press if participant wishes not to respond.)

 After response, go to #18
- 15. How often do you use that computer? (*Probe to find out hour many minutes/hours per time they use it*)
- 16. What applications or programs do you use? (e.g., games, financial, word processing, E-mail, etc.)
- 17. How often do you use ______? (Ask about each application they list)
- 18. Have you ever used the Internet? Yes o No o If NO, END; If YES, go to #19
- 19. Do you currently use the Internet? Yes o No o If NO, go to #21; If YES, go to #20
- 20. How often do you use the Internet?
- 21. What do you do (or have you done) on the Internet?