

Medical Apps Survey 1

 P1 P2 P3

Please indicate your agreement with the following statements on a 5 point scale:	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
I know how to find medical or pharmacy apps that are useful to me					
I know how to evaluate medical or pharmacy apps					
I know how to use medical or pharmacy apps to enhance the care I provide to patients in pharmacy practice learning environments (i.e., experiential, internship)					
I know how to use medical or pharmacy apps to help me study or complete classroom-based assignments					
Using a mobile device improves my efficiency					
Medical or pharmacy apps are beneficial to pharmacy practice					
Mobile technology will influence pharmacy practice in the future					
Mobile technology should be integrated into pharmacy curricula					

Do you own a smartphone?

Yes No

What type of smartphone do you have?

Android Phone (e.g. Samsung Galaxy, Nexus 5)

iPhone

Blackberry Phone

Windows Phone (e.g. Lumia, HTC 8X)

I do not own a smartphone

Other (specify) _____

Do you own any portable electronic devices (e.g. tablet computer, iPad)?

Yes No

Please indicate all other portable electronic device(s) you use regularly.

- | | |
|---|--|
| <input type="checkbox"/> iPad | <input type="checkbox"/> Android based Tablet (e.g. Nexus 7) |
| <input type="checkbox"/> iPad Mini | <input type="checkbox"/> Palm |
| <input type="checkbox"/> iPod | <input type="checkbox"/> I do not own a portable electronic device |
| <input type="checkbox"/> Surface RT/Pro | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Kindle | |
| <input type="checkbox"/> Nook | |

How often do you use your mobile device:	Never	Daily	Weekly	Monthly	Quarterly
As a Calculator?					
To play games?					
To place a phone call?					
To text?					
To explore social media?					
For scheduling?					

How many total non-medical/pharmacy apps do you currently have installed on any portable electronic device(s) (including smartphones) you use regularly?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> None or N/A | <input type="checkbox"/> 6-8 |
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 9-10 |
| <input type="checkbox"/> 3-5 | <input type="checkbox"/> more than 10 |

How many total medical or pharmacy apps do you currently have installed on any portable electronic device(s) (including smartphones) you use regularly?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> None or N/A | <input type="checkbox"/> 6-8 |
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 9-10 |
| <input type="checkbox"/> 3-5 | <input type="checkbox"/> more than 10 |

What type of medical or pharmacy apps do you download? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Drug information | <input type="checkbox"/> Journals |
| <input type="checkbox"/> Medical Calculators | <input type="checkbox"/> e-Books |
| <input type="checkbox"/> News | <input type="checkbox"/> Clinical references |
| | <input type="checkbox"/> Other: _____ |

I learn about new apps from (check all that apply):

- Family
- Friends/Classmates in Pharmacy School
- Friends/Classmates from other Health Professions School(s)
- Medical/Pharmacy Staff where I work
- Facebook
- Twitter
- Blogs
- News
- Professional organizations (specify) _____
- Other, specify _____
- None of the above or N/A

Which of the following are barriers to using mobile devices in pharmacy (Check all that apply)?

- Lack of knowledge of apps
- Technical difficulty
- Purchasing a device
- Recognizing when it is appropriate to use a mobile device
- Other: _____

How much would you be willing to pay for a medical or pharmacy-related app?

- \$0.00 \$0.99 <\$2.99 <\$4.99 <\$9.99

What is your Gender?

- Male Female

What is your Age (in years)?

- 18-25 25-30 31-35 36-40 41-45 more than 45 years

What is your Race?

- Caucasian Hispanic African American/Black Asian Other