## **National Recording Survey: General Public**

## Dartmouth College

Patient and clinician experiences of recording clinic visits in the USA. A National Survey
Research Project Information Sheet

We are conducting a short survey about patients who audio or video record office visits with a doctor or other health professional. This project is led by Dr. Paul Barr from Dartmouth College, Hanover, New Hampshire, USA.

Your participation is voluntary and you must be 18 years of age or older to take part. It involves completing a 2-minute survey. There are no right or wrong answers. Your responses are anonymous and no identifiable data will be collected.

If you have questions about this project, you can contact:
Dr. Paul Barr, PhD
The Dartmouth Institute for Health Policy & Clinical Practice
Lebanon, NH 03756
<a href="mailto:paul.j.barr@dartmouth.edu">paul.j.barr@dartmouth.edu</a>.

If you wish to participate in this project, please click the ">>" button below If you do not wish to participate in this project, or if you are under 18 years of age, please close your Internet browser.

Q1 Wha	t is your age?		
 Q2 <b>Wh</b> a	at state do you live in?		
▼ Alaba	ama (1) United States Virgin Islands	(56)	
Q3 Wha	at is your gender?		
O Male	9		
O Fem	ale		
O Othe	er		

Q4 What is the highest level of schooling you have completed, or degree you have received?
O No schooling completed, or less than 1 year
O Nursery, kindergarten, and elementary (grades 1-8)
O High school (grades 9-12, no degree)
O High school graduate (or equivalent)
O Some college (1-4 years, no degree)
Associate's degree (including occupational or academic degrees)
O Bachelor's degree (BA, BS, AB, etc)
Master's degree (MA, MS, MENG, MSW, etc)
Professional school degree (MD, DDC, JD, etc)
O Doctorate degree (PhD, EdD, etc)
Other. Please specify:
Q5 Are you of Hispanic, Latino, or Spanish origin?
I am of Hispanic, Latino, or Spanish origin
I am NOT of Hispanic, Latino, or Spanish origin

Q6 What is your race?
O American Indian or Alaska Native
O Asian
O Black or African American
Native Hawaiian or other Pacific Islander
O White/Caucasian
Other. Please specify:
Q7 Do you speak a language other than English at home?
O Yes
O No
Q8 Have you ever recorded (audio or video) a clinic visit with your doctor or health professional? (Select all that apply)
professional? (Select all that apply)
professional? (Select all that apply)  Yes, and I asked for permission first.

Q9 Do you know a family member or friend who has recorded (audio or video) a visit with a doctor or health professional?
O Yes
O No
Display This Question:
If Do you know a family member or friend who has recorded (audio or video) a visit with a doctor or = Yes
Q10 Did the family member or friend ask permission before recording the clinic visit?
O Yes
O No
O Not sure
Q11 Would you consider recording a clinic visit with a doctor or another health professional? (Select all that apply)
Yes, I would consider recording with the permission of the doctor.
Yes, I would consider secretly recording without the permission of the doctor.
No, I have no interest in recording a clinic visit.

Q12 Are recordings (audio or video) of patient clinic visits routinely offered in your clinic?
O Yes
O No
O Not sure
Display This Question: If Are recordings (audio or video) of patient clinic visits routinely offered in your clinic? = No
Q13 Would you like your clinic to allow you to record clinic visits with a doctor or another health professional?
O Yes
O No
Q14 Briefly, what are your views on having access to audio recordings of your clinic visit? This information is important to us, please consider leaving your thoughts.