Appendix B

Demographics and Technology Use Survey

1. What is your primary specialty? _________________________________

2. How many years have you been practicing medicine? ______________

3. How many years have you used computer systems (e.g., practice management system) in your practice? ______________

4. How many years have you filed claims electronically? ______________

5. Do you use an electronic system for prescribing?  Yes  No

6. How many years have you used an electronic health (medical) record in your practice? ______________

7. Do you electronically share medical information about your patients with other health care entities?  Yes  No

   If you answered Yes to Question 7 – Do you share information using (circle appropriate responses):  EHR  E-mail  Fax  Phone

8. Do you patients have access to you electronically (e.g., e-mail, patient health portal)? Yes  No

Please circle all devices/technologies/services you currently use outside your medical practice:

   Personal computer/laptop

   Smart phone (e.g., Android, iPhone, Blackberry)

   Computer tablet (e.g., iPad) / Electronic reader (e.g., Kindle)

   Online banking/shopping

   Social networking sites (e.g., Facebook, LinkedIn, etc.)

9. What is your age: 25–35, 36–45, 45–55, 56 or older