

Appendix A

Survey Instrument

- 1) In the past year, have you tried to obtain copies of your health records from a doctor, clinic, hospital or other healthcare provider?
 - a) Yes
 - b) No
- 2) Indicate the access format(s) that you requested for your health records. Mark all that apply.
 - a) Paper
 - b) Electronic
 - c) CD or DVD
 - d) USB Key or Flash Drive
 - e) Other
- 3) Did you receive your records in the form(s) requested?
 - a) Yes
 - b) No
- 4) How much were you charged for accessing your records?
 - a) No charge
 - b) Less than \$5.00
 - c) \$5.00–\$10.00
 - d) \$10.01–\$25.00
 - e) Over \$25.00
- 5) How long did it take for you to get the records you requested?
 - a) Less than one day
 - b) 1–15 days
 - c) 16–30 days
 - d) Over 30 days
 - e) Never received the records
- 6) Does your healthcare provider have a patient portal?
 - a) Yes
 - b) No
 - c) Don't know
- 7) Do you use the patient portal?
 - a) Yes
 - b) No
 - c) Don't know
- 8) What have you used to portal for? Check all that apply.
 - a) View lab results
 - b) Request medication renewal
 - c) Request appointments
 - d) Secure messaging
 - e) Other, please describe
- 9) How satisfied are you with the portal?
 - a) Very satisfied
 - b) Satisfied

- c) Neither satisfied nor dissatisfied
- d) Dissatisfied
- e) Very dissatisfied

Patient Does Not Use Portal

- 10) Indicate why you do not use the patient portal.
- a) Not interested in managing health records
 - b) Not comfortable with computer
 - c) Not sure how to use the Internet
 - d) Not sure how to use the portal
 - e) No Internet access
 - f) No computer
 - g) Other (please specify)

Personal Health Record

- 11) Do you keep a personal health record?
- a) Yes
 - b) No
- 12) What format(s) do you use for your personal health record?
- a) Paper
 - b) Electronic
 - c) Both paper and electronic
 - d) Other (please specify)
- 13) Is there anything else you would like to share about your experience regarding access to your medical information?