
A. Age, gender and work position

- | Age | Gender | Work position |
|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> <35 | <input type="checkbox"/> Female | <input type="checkbox"/> Intern |
| <input type="checkbox"/> 35-50 | <input type="checkbox"/> Male | <input type="checkbox"/> Resident |
| <input type="checkbox"/> >50 | | <input type="checkbox"/> Consulting physician |

Check like this:

not like this:

B. About your experience with computers

- | | Yes | No | | | |
|---|------------------------------|--|---|--------------------------|--------------------------|
| 1 Do you own a computer? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 How many fingers do you use when typing? | <input type="checkbox"/> Two | <input type="checkbox"/> Three or more | <input type="checkbox"/> All (or touch) | | |
| 3 Have you used a computer for: | Yes | No | | | |
| a Test result retrieval | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b Literature search | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c Word processing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d Entering patient info | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| e Retrieving patient info | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4 Have you ever taken a computer course? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5 Can you write computer programs? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6 In the past, what is the most frequent you used a computer? | Never | Rarely | Monthly | Weekly | Daily |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 How would you rate your computer skills? | Lowest | | Average | | Highest |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. About the availability of computers at your working place at the hospital

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 Do you have a computer in your office <input type="checkbox"/>
(answer no if you haven't got any office) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Concerning other rooms you use for clinical work (e.g. ward, outpatient clinic offices, investigation rooms) | | |
| a Are there computers available for you here? | <input type="checkbox"/> | <input type="checkbox"/> |
| b <u>If yes</u> , do you use these computers? | <input type="checkbox"/> | <input type="checkbox"/> |

If you responded "no" to both questions 1 and 2a, you don't have to fill out the rest of the questionnaire

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3 About the computers installed in the ward, at the outpatient clinic offices, investigation rooms, etc. | | | | | |
| a How often are you prevented from using them because others are using them? | Never | Rarely | Montly | Weekly | Daily |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often are you prevented from using them due to computer errors, forgotten passwords or other machine-related problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. About your use of personal computers for clinical tasks in the hospital

How often do you use a personal computer (PC) to assist you with the following tasks:

What computer program do you use for this task?

	Never/ almost never	Seldom	About half of the time ¹	Most of the time	Always/ almost always	EMR ²	Other <input type="checkbox"/> than EMR
1 Review the patient's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Seek out specific information from patient records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Follow the results of a particular test or investigation over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain the results from new tests <input type="checkbox"/> or investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter daily notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Obtain information on investigation or treatment procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Answer questions concerning general medical knowledge (e.g. concerning treatment, symptoms, complications etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Produce data reviews for specific patient groups, e.g. complication rate, diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Order clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Obtain the results from clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Order X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Obtain the results from X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Order other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Obtain the results from other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Refer the patient to other departments or specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Order treatment directly (e.g. medicines, operations etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Write prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Write sick-leave notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Collect patient information for various medical declarations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Give written individual information to patients, e.g. about medications, disease status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Give written general medical information to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Collect patient info for discharge reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Check and sign typed dictations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Other (specify)							

¹The time normally spent on this task

²DocuLive, DIPS or Infomedix

Remember to fill in this column, too....



E. About choice of information source

When working with diagnostics and treatment:

- | | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always | |
|--|---------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|
| 1 How often do you use other sources of information than the EMR or the paper journal/patient chart? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 How often is EMR ¹ <u>the first</u> you'll turn to if the paper journal is available and... | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always | |
| a ...you know the patient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b ...you have never seen the patient before? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 <u>If you usually turn to the EMR first:</u> | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always | Not
applicable |
| a How often do you have to consult the paper journal or use other information sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Go to section F if your response was "Never/Almost never" or "Seldom"</i> | | | | | | |
| b How often did you do this because you wanted to verify the content of the information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c How often did you do this because you didn't find the information you wanted in the EMR? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. About your satisfaction with the EMR¹ installed in your department

- | | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always |
|---|---------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|
| 1 Content | | | | | |
| a How often does the system provide the precise information you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often does the information content meet your needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c How often does the system provide reports that seem to be just about exactly what you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d How often does the system provide sufficient information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Accuracy ² | | | | | |
| a How often is the system accurate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often are you satisfied with the accuracy of the system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Format | | | | | |
| a How often do you think the output is presented in a useful format? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often is the information clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Ease of use | | | | | |
| a How often is the system user-friendly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often is the system easy to use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Timeliness | | | | | |
| a How often do you get the information you need in time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often does the system provide up-to-date information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ DocuLive, DIPS or Infomedix

² E.g. right journal, right patient and right document types is located; the information (e.g. blood pressure) is labelled correctly, that the information presented is relevant; the aggregated data in overviews are correct, etc.

³ The time spent with the computer system

G. Global assessment of the EMR installed in your department

- 1 How much do you agree with the following statement about the system:
- The EMR system is worth the time and effort required to use it
- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly disagree | Disagree | Slightly disagree | Neutral | Slightly agree | Agree | Strongly disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 2 All considered, how would you rate your satisfaction with the EMR installed in your department?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| non-existent | poor | fair | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 3 All considered, to what extent has the system changed these two aspects of your own department?
- a Ease of performing our department's work
- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Significantly decreased | Decreased | Slightly decreased | No change | Slightly increased | Increased | Significantly increased |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- b Quality of our department's work
- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- 4 All considered, how would you rate the success of the EMR system installed in your department?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| non-existent | poor | fair | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. Comments

E.g. Where parts of the questionnaire unclear or ambiguous? Do you have any suggestions to improvements of the current EMR system? Other comments?