Email Communication Questionnaire

Have you already completed this questionnaire? Yes No	
(If YES, please stop and hand form in to the front desk)	
(If NO, please continue)	
Are you one of the main caregivers for the child being seen today and can you answer questions about the child's health? Yes No	
(If NO, please stop and hand form in to the front desk)	
(If YES, please continue)	
We would like to ask a few questions for statistical purposes	
1. What is your relation to the child being seen today?	
Mother Father Grandparent Other	
2. What is your age?yrs	
3. What is the age of the child or children being seen today?	
Child #1months or years Child #2months or yea	rs
4. How would you best describe your race (select one)?	

This is a research study. Your participation is voluntary and will not affect the care your child receives today or in the future.
Completing this survey will serve as your consent to participate in this study. Information gathered in this survey will be
shared among the study team and may lead to a scientific article. Neither your name nor your child's name will appear on this
survey.

	White Black or African-American	American Indian As	ian
	Hispanic or Latino Other		
5.	What was the last grade you completed in school	ol?	
	Elementary (grade 1 – 5) Middle (grade 6	6 – 8) High School/GI	ED
	College More than college		
6.	Would you say that your total yearly income of	your household is:	
	Less than or equal to \$10,000 \$10,001 - \$ \$20,001 - \$30,000 \$30,001 - \$40,000		
	Don't know Refuse	Greater than \$40,000	
7.	What type of health insurance does the child be	eing seen today have?	
	Medicaid/MCO HMO/PPO Private None Don't know Refuse	(Blue Cross, EHP)	
8.	Do you ever use e-mail to communicate with otl	ners? Yes No	

(If NO, please stop and hand form in to the front desk)
(If YES, please go on to item 9)

We would like to ask a few questions about your use of e-mail

9.	How often do you check your e-mail?
	More than once daily DailyFew times per weekWeekly
	Less than weekly
10.	Would you like to be able to communicate with your child's doctor by e-mail?
	YesNo
11.	Do you already communicate with your child's doctor by email? Yes
	No
12	.More doctors should offer e-mail
	Strongly agree Agree Neutral Disagree Strongly disagree

13. E-mail would increase contact with my child's doctor

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
14.	.E-mail would dista	nce me froi	m my child's	doctor	
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
15	.E-mail with my chi	ild's doctor	would be sat	isfying	
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
16.	E-mail would impro	ove commu	nication with	my child's do	octor
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
17	.E-mail would be a	good/easy v	vay to ask for	· an appointme	ent

	Strongly agr	ee	Agree	Neutral _	Disagree	Strongl	y disagree
18.I worry about hackers seeing my child's medical information							
	Strongly agr	ee	Agree	Neutral _	Disagree	s Strongl	y disagree
	I would fee		ortable di	scussing	these thing	gs by e-mail	with my
19	Ear ache disagree	Strong	ly agree	Agree	Neutral	Disagree	Strongly
20	Cold sympton Strongly disag		Strongly ag	ree Ag	ree Neut	ral Disag	ree
21	Fever disagree	Strong	ly agree	Agree	Neutral	Disagree	Strongly
22	Diarrhea disagree	Strong	ly agree	Agree	Neutral	Disagree	Strongly
23	Vomiting disagree	Strong	ly agree	Agree	Neutral	Disagree	Strongly
24	Pink eye disagree	Strong	ly agree	Agree	Neutral	Disagree	Strongly
	Constipation disagree	Strong	ly agree	Agree	Neutral	Disagree	Strongly
26	Feeding/Diet Strongly disag			ree Ag	ree Neut	ral Disag	ree

27	Weight disagree	Strongly agree Agree Neutral Disagree Strongly			
28	Immunization Strongly disag	ns Strongly agree Agree Neutral Disagree ree			
29	Sleep disagree	Strongly agree Agree Neutral Disagree Strongly			
30	Behavior disagree	Strongly agree Agree Neutral Disagree Strongly			
31	Colic disagree	Strongly agree Agree Neutral Disagree Strongly			
32	Development Strongly disag	Strongly agree Agree Neutral Disagree ree			
33	Safety topics Strongly disag	Strongly agree Agree Neutral Disagree ree			
34	Toilet trainin	g Strongly agree Agree Neutral Disagree			
	Strongly disag	ree			
35	What would b	be your preferred way of receiving test and x ray results?			
	E-mailP	hone Regular mail Text message			
	Thank you for completing this questionnaire				
	Please hand form in to the front desk				