

## My Doctor's Office – **BASELINE**

The following questions relate to your interaction with the clinic. Point the arrow and click the box that represents the best answer.

1. In the past 6 months, how many times did you call the clinic?  
 0     1     2     3     >3
  
2. In the past 6 months how many times did you email the clinic staff or your physician (not while in My Doctor's Office)?  
 0     1     2     3     >3
  
3. In the past 6 months, how many times were you seen in the clinic by either a doctor or nurse?  
 0     1     2     3     >3
  
4. In the past 6 months, what was your most recent interaction with the clinic, **excluding a doctor visit?**  
 1 Phone call  
 2 Electronic mail (e-mail)  
 3 Did not contact the clinic in the past 6 months  
 4 Other

If you did not contact the clinic in the past 6 months, please skip questions 6 and 7. Go to question 8 and continue from there. (Questions 6 and 7 do not apply to you)

5. What was your reason for contacting the clinic? (*check only one*):  
 1 Schedule an appointment  
 2 Ask for a referral  
 3 Ask a question  
 4 Prescription refill  
 5 Other
  
6. Based on your response to question 5 above, what is your overall rating of your most recent clinic interaction?  

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very good	<input type="checkbox"/> Excellent
1	2	3	4	5
  
7. For which of the following services would you prefer to use a secure website such as My Doctor's Office rather than the telephone? (*check all that apply*)  
 Communicate non-urgent messages for doctors and/or nurse  
 Refill prescriptions  
 Request referrals  
 Schedule appointments  
 Other
  
8. If you would prefer using a secure website such as My Doctor's Office, please tell us why.  
*(write in the space provided below)*

**Please provide the following information on your background. All of this information will be kept completely confidential.**

10. **What year were you born?**

19

*For questions 11 to 13, check only one answer:*

11. **Are you male or female?**

- Male
- Female

12. What is the highest grade or year of school you completed?

- Grades 1-8
- Grades 9-11/Some high school
- High school graduate
- Some college/university
- College graduate
- Post-graduate education or degree

13. **What is your household income per year?**

- Less than \$15,000 per year
- \$15-29,000
- \$30-44,000
- \$45-59,000
- \$60-74,000
- \$75-90,000
- over \$90,000

**You have successfully completed this questionnaire.**

**Thank you for your participation.**

Your comments are welcome. Please write in the box below.