

My Health Record Consumer Experience Survey

Consumers Health Forum of Australia (CHF) and the Australian Digital Health Agency (the Agency) invites you to participate in this survey to share your experiences using My Health Record.

The overall purpose of the survey is to better understand consumer experiences of using My Health Record in real life situations and consumer reasons for using or not using My Health Record. An additional aim is to develop a series of case studies to capture opportunities for improvement and highlight what is working well with My Health Record, from a consumer perspective.

This survey is for anyone in Australia who have chosen to use or not use My Health Record as part of healthcare, either for themselves or when assisting another person. Anyone who does not reside in Australia should not participate.

Please ensure you have read and understood the [Information Sheet](#) before completing the survey. If you have any questions about the information contained in the Consent Form below or in the [Information Sheet](#), please contact Leanne Kelly on 02 62 73 5444 or l.kelly@chf.org.au.

Please note: when you are ready, please submit your responses via the below link: <https://www.surveymonkey.com/r/5WFVZ2Z>

Please note: there is no word limit to the open-ended questions.

The survey will close **COB, Tuesday 14 April 2020**.

We thank you for the information you chose to share with us in this survey.

Consent Form

The CHF is conducting the survey described in the Information Sheet and wishes to collect information I provide in this survey for use in the project.

Please note: You can access a soft copy of the survey questions here. This will allow you to take your time in filling out the survey and not have to submit straight away.

Q1. I freely consent to the following (please tick as appropriate)

- I agree to participate in this project
- I have had an opportunity to ask questions and I am satisfied with the answers I have received
- I understand that participation in the survey is voluntary, I am free to skip any questions that I do not wish to answer and may withdraw at any time.
- I consent to the CHF and the Agency using my de-identified responses in aggregate data for their work in this area, after removing information that could identify me, including reports, submissions, presentations and other public communications.
- I consent the Agency to contact me directly to seek approval of and permission to publish the case study developed from the information I provide in the survey. **[Please enter name and contact details in the comment box below]**

- I wish to be notified when the project report becomes available publicly available. **[Please enter contact details in the comment box below]**

Comment box:

Q2. I consent to the CHF and the Agency quoting my responses directly and identifying me in the following ways for my case study and other public communications (tick all that apply)

- My full name e.g. John Smith
- My first name e.g. Jane
- The pseudonym e.g. Daryl* (**please enter preferred pseudonym below**)
- Anonymous
- My gender, e.g. 'Anonymous, male' or 'Jane, female'
- My age e.g. 'Anonymous, 25' or 'John, 25'
- My state of residence e.g. 'Anonymous, NSW' or 'Jane, NSW'

Pseudonym:

Section 1: Demographics

Q3. Are you responding to this survey as a:

Please note: Some people will have multiple perspectives; however, this survey is designed for one at a time. If you would like to complete the survey from multiple perspectives, please fill out the survey separately for each.

- A person who uses My Health Record
 - A family member and/or carer who accesses someone's My Health Record on their behalf
 - Other (please specify)
-
-

Q4. What is your gender?

- Male
- Female
- Other
- Prefer not to answer

Q5. In what year were you born? (enter 4-digit birth year; for example, 1976)

Q6. What is your postcode? (enter a 4-digit postcode; for example, 2000)

Q7. In general, how would you describe your own (or the person you are caring for) health status?

- Excellent
- Very good
- Good
- Fair
- Poor

Q8. At the moment, do you (or the person you are caring for) have any of the chronic illnesses listed, that have lasted, or are likely to last, for six months or more? (select as many as apply)

- Arthritis

- Asthma
 - Back pain or back problems
 - Cancers (such as lung or colorectal cancer)
 - Cardiovascular disease (such as coronary heart disease and stroke)
 - Chronic obstructive pulmonary disease
 - Diabetes
 - Mental Disorders (such as depression or anxiety)
 - No, none of the above
 - Yes, other (please specify)
-

Section 2: This section of the survey will ask some direct questions about your experiences using My Health Record.

Q9. Have you used My Health Record?

- Yes
- No, and have not considered using
- No, but have considered using

Q10. How many times have you been onto My Health Record since the first time you logged on? (**Please note:** this excludes your first initial login).

- 0
- 1-5
- 6-10
- 11-15
- 15+
- I don't know

Additional comments

Q11. If yes, please explain why you have used My Health Record. **Note:** If you have **not** used My Health Record, please skip to the end of the survey and submit your responses.

Q12. When you used My Health Record, what type of information did you expect to be there? (Please tick all that apply)

- Shared Health Summary (from your GP, Pharmacists, and/or specialists)
- Hospital discharge summaries
- Reports from tests and/or scans (e.g. blood tests)
- Medication that your doctor has prescribed to you
- Referral letters from your doctor(s)
- Organ donation decisions
- Immunisations, including childhood immunisations and other immunisations received.
- Other (please specify)

Q13. When you used My Health Record, was the type information available what you expected?

- More than expected
- As expected
- Less than expected

[Comment box] If less than expected, what information do you think was missing?

Q14 How helpful did you find having this information on My Health Record?

- Extremely helpful
- Very helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful
- Not applicable

Additional comments

Q15. Have you tried to set your privacy settings?

- Yes
- No

Q16. Please explain why you **have** or **why you have not tried** to set your privacy settings.

Q17. If you answered 'Yes' to Q15, how did you find that experience?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult

- Very difficult
- Gave up

Additional Comments

Q18. Do you have any other comments you would like to provide for this section of the survey?

Section 3: In this section of the survey we invite you to describe your experience of using My Health Record in your own words. Below are some prompting questions you may wish to consider in your response. These questions are not designed to limit your response. They are only provided as guidance to the extent you find them helpful.

- How has your health impacted your (or someone you care for) life? For example, what can't you/they do anymore as a result of having to spend time managing your/their health?
- How has My Health Record helped you (or someone you care for) manage your/their health?
- What do you find challenging when using My Health Record?
- What would improve your experience using My Health Record?
- In terms of ease of use, which features were good, and which were not so good?
- Does it meet your expectations in terms of what information is available on your (or someone you care for) record?
- How could your experience using My Health Record be improved?

Q19. Please share your experience of using My Health Record in your own words.
Please note: there is no word limit to this response.

Thank you!

Thank you for taking the time to share your experience using My Health Record.