Usability Test

Participant Questionnaire

Test Name: _____   **Test Date:** _____   **Participant #:** _____

Participant Demographics

1. Gender

   ☐ Male   ☐ Female

2. Have you participated in a focus group or usability test in the past *6* months?

   ☐ No   ☐ Yes

3. Do you, or does anyone in your household work in marketing research, usability research, web design, software development, or similar industry?

   ☐ No   ☐ Yes

4. Do you, or does anyone in your household have a commercial or research interest in an electronic health record software or consulting company?

   ☐ No   ☐ Yes

5. Which of the following best describes your age?

   ☐ 18 to 24   ☐ 25 to 39   ☐ 40 to 59   ☐ 60 - to 74   ☐ 75 and older

6. Which of the following best describes your race or ethnic group?

   ☐ Caucasian   ☐ Asian or Pacific Islander ☐ Black/African-American

   ☐ Latino/a or Hispanic   ☐ Other: _____

7. Do you require any assistive technologies to use a computer?

   ☐ No   ☐ Yes   If yes, please describe: _____

Professional Demographics

8. What is your current position and title?

   ☐ RN: Specialty: _____

   ☐ Provider: (circle)   MD   DO   NP   MW

   Specialty: _____

☐ Ancillary: Specialty: _____

☐ Other: _____

9. How long have you held this position?

☐ Less than 1 yr. ☐ 1 to 5 yrs.   ☐ 5 to 10 yrs.   ☐ More than 10 yrs.

10. Describe your work location (or affiliation) and environment? (check all that apply)

☐ Private practice   ☐ Public health system   ☐ Government health system

☐ Acute care hospital   ☐ Ambulatory clinic   ☐ University/research affiliation

☐ Other: _____

11. Which of the following describes your highest level of education?

☐ High school graduate/GED   ☐ Some college   ☐ College graduate

☐ Postgraduate   ☐ Other: _____

Computer Expertise

12. How many years have you been using computer for both professional and personal activities (reading email, online shopping, web browsing, etc.)?

☐ <5 years   ☐ 5 to 10 yrs.   ☐ 10 to 20 yrs.   ☐ More than 20 yrs.

13. Besides reading email, what professional activities do you do on the computer?

☐ Access EHR   ☐ Clinical Research   ☐ System Configuration/Administration

☐ Word processing   ☐ Training/Education   ☐ Other: _____

14. About how many hours per week do you spend on a computer?

☐ 0 to 10   ☐ 11 to 25   ☐ 26+ hours per week

15. What computer platform do you usually use?

☐ Windows   ☐ Mac   ☐ Linux

☐ Other: _____

16. What Internet browser(s) do you usually use?

☐ Internet Explorer   ☐ Safari ☐ Chrome

☐ Firefox   ☐ Other: _____

17. In the last month, how often have you used an electronic health record?

☐ 0 to 4 days ☐ 4 to 12 days ☐ More than 12 days ☐ Everyday

18. How many years have you used an electronic health record?

☐ Less than 1 yr. ☐ 1 to 5 yrs. ☐ 5 to 10 yrs. ☐ More than 10 yrs.

19. How does your work environment handle patient records?

☐ On paper ☐ Some paper, some electronic ☐All electronic

20. Which EHRs do you use or are you familiar with? (please list)

☐ Essentris ☐ _____ ☐ _____

☐ CHCS ☐ _____ ☐ _____

☐ AHLTA ☐ _____ ☐ _____

☐ VistA ☐ _____ ☐ _____

21. What clinical systems and/or applications do you currently utilize at your facility?

☐ Flowsheets ☐ Medication administration ☐ Interdisciplinary care plans

☐ e-Prescribing ☐ Order Entry (CPOE) ☐ Outpatient Support

☐ Lab Integration ☐ Pharmacy Integration ☐ Radiology Information System

☐ Quality/Metrics Reporting ☐ Other: _____