

Survey questionnaire

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

What is your age?

- ☐ under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65+
- ☐ Prefer not to answer

Which State/Territory do you practice in?

- ☐ ACT
- ☐ NSW
- ☐ NT
- ☐ QLD
- ☐ SA
- ☐ TAS
- ☐ WA
- ☐ VIC

Do you practice in a rural or metropolitan area?

- ☐ Metropolitan
- ☐ Rural

Over the last month, on average, what proportion (in %) have you worked in the following areas of pharmacy? (if you are on leave, what areas have you worked in, over the month prior to the start of your leave)?

Community Pharmacy: _____

Hospital Pharmacy: _____

GP Clinic: _____

Conducting HMR or RMMR: _____

Industrial Pharmacist: _____

Academia/Research: _____

Other: _____

Total: _____

Which of the following is your primary role in which you are engaged in patient care? *Select only one choice and answer the rest of the questions in this survey based on this role*

- ☐ Community Pharmacy
- ☐ Hospital Pharmacy
- ☐ GP Clinic
- ☐ Conducting HMR or RMMR

Do you/ your organization have access to My Health Record?

- ☐ Yes
- ☐ No
- ☐ Unsure

How many times have you accessed My Health Record in the past month?

- ☐ 0
- ☐ 1–5 times
- ☐ 6–10 times
- ☐ 11–15 times
- ☐ 16 times or more

How likely are you to use My Health Record in the next 12 months?

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Extremely unlikely

How much do you agree with the following statements?

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
My Health Record will help with continuity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Health Record reduces medication errors when dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Health Record improves the safety of care I provide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Health Record improves the quality of patient care I provide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Health Record improves my professional relationship with my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Health Record improves my professional relationship with GPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How likely are the following to be **barriers** for you to use My Health Record?

	Extremely Likely	Somewhat Likely	Neither Likely Nor Unlikely	Somewhat Unlikely	Extremely Unlikely
I am concerned about privacy/ confidentiality issues of My Health Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients are concerned about privacy/ confidentiality issues of My Health Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace does not promote the use of this system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have the appropriate IT support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not received training to set up the access to the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not received training to confidently use the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It interferes with the existing dispensing processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I do not believe the time spent provides a significant value gained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not within my position description in my current professional role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other- Please Specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
I have concerns about the security of information within the My Health Record system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have concerns about the accuracy of information within the My Health Record system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Health Record slows me down when dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not user-friendly to navigate My Health Record to find the information I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, I am satisfied with My Health Record

- ☐ Extremely satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Extremely dissatisfied

What are 3 characteristics (if any) of My Health Record that need changes/improvement?
