

## Supplementary Material: DAHLIA Project Survey

### 1. Demographic and characteristics data collection form

2. Age: \_\_\_\_\_ Gender: \_\_\_\_\_

3. Education level:

None

Primary

Secondary

Post-secondary

4. What medical/health condition do you currently have?

5. Is this the hospital you normally visit for your health condition?  Yes  No

6. In the past 12 months, how many times have you visited this hospital?

0-1 Visit

2-3 Visits

4-5 Visits

More than 5 visits

7. How many minutes do you travel to get to this hospital?

8. Is there another hospital or health facility closer to where you live?  Yes  No

9. Self-rating of current health status (please put a mark on the line to best represent how you currently feel about your health):



Very Poor Neither Poor nor Good Very Good

## 2. Digital literacy survey – knowledge and usage of information and communications technology

This survey is about knowledge and use of technology. Please use a tick to indicate your response

1. Do you have a working home telephone?      YES      NO
  
2. Do you have a working mobile phone?
  - NO
  - YES - I have a standard mobile phone for calls and texts
  - YES - I have a smartphone with Internet access
  
3. Do you have a working electronic tablet device (e.g. iPad)?
  - NO
  - YES, iPad
  - YES, Android
  - YES, Windows or another platform
  
4. If you have a mobile phone or tablet with cellular connectivity, do you have problems with lack of mobile phone service in your home? (e.g. a "blackspot" in which you cannot connect online by mobile phone or tablet)
  - NO, I can easily connect via mobile
  - YES, I sometimes have problems with mobile coverage
  - YES, I consistently have problems with mobile coverage
  
5. Have you used a computer in the past month?
  - NO
  - YES, I used my home computer
  - YES, I used a computer outside my home (e.g. at library or community centre)
  
6. Do you have Internet access at home?
  - NO
  - Yes, wi-fi
  - Yes, broadband
  - Yes, other type of access
  
7. Have you sent messages by e-mail or text message within the past month?
  - Never
  - Rarely
  - Some days
  - Most days
  
8. Have you used social media in the past month? (Check all social media types used)
  - I have not used social media
  - Facebook
  - Twitter
  - Skype
  - Instagram
  - Linked In
  - WhatsApp
  - Other (please specify):

9. In the past month, have you used the internet to:
- Communicate with others (e.g. by Skype, Viber, FaceTime or other social media)  YES  
 NO
- Shop for groceries or personal items  YES  NO
- Pay bills or do banking  YES  NO
- Contact or find any health care provider  YES  NO
- Get information about health conditions  YES  NO
- Order or refill prescriptions  YES  NO

10. For each statement, tell me which response best reflects your opinion and experience right now.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
i. I know <b>what</b> health resources are available on the Internet	<input type="checkbox"/>				
ii. I know <b>where</b> to find helpful health resources on the Internet	<input type="checkbox"/>				
iii. I know <b>how</b> to find helpful health resources on the Internet	<input type="checkbox"/>				
iv. I know <b>how to use</b> the Internet to answer my questions about health	<input type="checkbox"/>				
v. I know how to use <b>the health information</b> I find on the Internet to help me	<input type="checkbox"/>				
vi. I have the skills I need to <b>evaluate</b> the health resources I find on the Internet	<input type="checkbox"/>				
vii. I can tell <b>high quality</b> health resources from <b>low quality</b> health resources on the Internet	<input type="checkbox"/>				
viii. I feel <b>confident</b> in using information from the Internet to make health decisions	<input type="checkbox"/>				

## Appendix 3. Health Literacy Screening Questions

1. How often do you have someone (like a family member, friend, hospital/clinic worker or caregiver) help you read hospital materials? (**Help Read**)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

2. How often do you have problems learning about your medical condition because of difficulty understanding written information? (**Problems Reading**)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

3. How confident are you filling out forms by yourself? (**Confident with Forms**)

- Always
- Often
- Sometimes
- Occasionally
- Never