

## 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. I know <b>where</b> to find helpful health resources on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. I know <b>how</b> to find helpful health resources on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. I know <b>how to use</b> the Internet to answer my questions about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. I feel <b>confident</b> in using information from the Internet to make health decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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