

**My Health\_eVet Pilot Survey  
Veteran Questionnaire  
2007**

**Introduction:**

As a participant in the My Health\_eVet Pilot Program, you have had an opportunity to use the My Health\_eVet Pilot website at [www.health-evet.va.gov](http://www.health-evet.va.gov) to view health education information, request and view copies of some portions of your VA medical record, and use the self-entry features to record and track health information such as weight, blood pressure and blood sugar. Your willingness to participate in this Pilot Program is greatly appreciated and we hope that you have found the My Health\_eVet Pilot to be a valuable experience.

Your feedback about the My Health\_eVet Pilot is important to us and will help us to continue to develop the My Health\_eVet Program so that it best meets your needs. Please take a few minutes to participate in this online survey and share your comments about the Pilot and your experience in using it.

We appreciate your time in responding to this important survey. We will use the information you provide to evaluate the use of My Health\_eVet so that we can provide the best services possible to veterans.

**Instructions:**

This survey is estimated to take about 10-20 minutes of your time. Your response to each question is voluntary. Your answers are protected under the Privacy Act and section 5701 of Title 38 U.S. Code. The survey has been approved by the Office of Management and Budget (OMB # XXXX) and meets the requirements of the Paperwork Reduction Act. You may send comments about this questionnaire to XXXX. If you need help in completing the survey questions, please call XXXX.

Most of the survey questions will ask you to choose one of several options; however a few of the questions will ask you to write your answer. Please use specific examples whenever possible. There are no right or wrong answers. We want to know what you think about the My Health\_eVet Pilot website and whether you think its use helps make your health care better. At the end of the survey we'll ask you a few questions about your background that will help us to interpret the results of this survey. Your response to these questions is optional.

After answering all of the survey questions, press the submit button at the end to complete your survey. Thank you for your help in evaluating the My Health\_eVet Pilot Program.

**Questions:**

1. How did you first hear about the My HealtheVet Pilot project?

- From my doctor
- From another veteran
- From a friend or co-worker
- From a VA Staff member
- From a flyer, brochure, or newsletter
- From my Veteran Service Organization
- Other

If other, please explain:

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2. Where did you sign up for the My HealtheVet Pilot?

- Albany, NY
- Bath, NY
- Bay Pines, FL
- Buffalo, NY
- Canandaigua, NY
- Portland, OR
- Syracuse, NY
- Tampa, FL
- Washington, DC

3. How long have you been using the My HealtheVet Pilot website?  
([www.health-evet.va.gov](http://www.health-evet.va.gov))

- Less than 1 month
- More than 1 month but less than 6 months
- More than 6 months but less than 12 months
- More than 1 year but less than 2 years
- More than 2 years but less than 4 years
- More than 4 years

4. On average, how often have you used the My HealtheVet Pilot website in the last 90 days?

- Daily
- Weekly
- Monthly
- Less than once a month
- Have not used in the last 90 days
- Have never used

5. If you received training prior to using the My HealtheVet Pilot website, please indicate the type of training you received:  
(Please check all that apply)

- Group instruction with from VA staff

- Individual instruction from VA staff
- Non-VA staff showed me how to use it (ex. student, volunteer, another veteran)
- Self-instruction using provided materials
- No training

6. If you received training prior to using the My HealtheVet Pilot website, did it help you in using the website?

- Very helpful
- Somewhat helpful
- Not helpful
- No training

7. Why did you decide to participate in the My HealtheVet Pilot?  
(Please check all that apply)

- Access health education materials
- Track my self-entered health information (blood pressure, weight, etc.)
- Track my personal information (emergency contacts, etc.)
- Access information from my VA medical record (test results, doctor's notes, etc.)
- Improve my understanding of my medical treatment
- Provide other people with access to my medical information (doctors, family members, etc.)
- Access someone else's personal health record as a delegate or grantee
- My doctor suggested it
- Other

If other, please explain:

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8. Most often, where do you access the My HealtheVet Pilot website?

- My home computer
- Other computer (work, public library, family member, etc.)
- Public computer at a VA Medical Center

9. Most often, what type of Internet connection do you use to access the My HealtheVet Pilot website?

- Dial-up access
- Broad band access
- Not sure

10. Please rate your general level of skill in using the Internet:

- Beginner/Novice
- Intermediate
- Advanced

11. Which of the following My HealtheVet Pilot website features have you used?  
(please check all that apply)

- Health Education Library
- VA Administrative Info (appointments, wellness reminders, co-payments, etc.)
- My VA Patient Record (admissions, prescriptions, progress notes, labs, etc.)
- VA Update Requests (requested updated VA Medical Record data)
- Self-entered Information (personal info, medications, allergies, etc.)
- Self-entered Data (logs such as blood pressure, blood sugar, cholesterol, etc.)
- Someone else's personal health journal (as a grantee or delegate)

12. How have you used My HealtheVet Pilot site features?  
(please check all that apply)

- Looked up information on a disease, condition, or treatment
- Discussed information obtained from the website with my health care provider
- Shared my self-entered data with my health care provider
- Granted access to my Personal Health Journal to my VA health care provider
- Granted access to my Personal Health Journal to a non-VA health care provider
- Granted access to my Personal Health Journal to a spouse, family member, or advocate
- Other

If other, please explain:

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13. Choose your top five most useful My HealtheVet Pilot website services from the list provided below. Please enter the number 1- 5 in the box, with 1 being most useful, 2 being second most useful, etc.

- Entering my own health information
- Viewing portions of my official medical record (ex. lab results)
- Prescription History
- Co-payments
- Appointments
- Health Education Library
- Providing delegate/grantee access
- Wellness Reminders
- Linking to other VA sites
- Other service

If other, please explain:

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14. How easy is it for you to understand the information in the Health Education Library?

- Very Easy
- Easy
- Difficult
- Very Difficult

15. When you update or read your personal medical record, how easy is it for you to understand your medical information?

- Very Easy

- Easy
- Difficult
- Very Difficult

For the following questions, please select the answer that most closely matches your opinion.

16. I find the My HealtheVet Pilot website easy to navigate and locate information relevant to my healthcare.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

17. On average, I find the information and services provided by the My HealtheVet Pilot website to be useful.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

18. The My HealtheVet wellness reminders have helped me to take action.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree
- Not applicable

19. Using the My HealtheVet Pilot website has improved communication between my health care provider and me.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

20. Using the My HealtheVet Pilot website helps me stick to my treatment plan.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

21. The My HealtheVet Pilot website adequately protects the privacy of my personal health data.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

22. I find that the My HealthVet Pilot website helps improve my healthcare.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

23. I would recommend the use of My HealthVet to other veterans.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

24. All veterans and VA staff are eligible to use the National My HealthVet website ([www.myhealth.va.gov](http://www.myhealth.va.gov)). Are you currently registered at the National My HealthVet website?

- Yes
- No
- Not Sure

25. Please share your thoughts on the My HealthVet Pilot experience and how it has affected your health care:

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26. Please provide any additional comments you have about the My HealthVet Pilot. If you wish to elaborate on any of the survey responses you provided you may also do so here.

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In the following section we'll ask you a few questions about your background that will help us to interpret the results of this survey. Your response to these questions is optional. (If you choose to not answer please move to the end of survey and press the submit button to complete your survey.)

27. Please select the category that includes your age:

- |                                    |                                |                                    |
|------------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> <20 years | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69     |
| <input type="checkbox"/> 20-24     | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74     |
| <input type="checkbox"/> 25-29     | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79     |
| <input type="checkbox"/> 30-34     | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84     |
| <input type="checkbox"/> 35-39     | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85-89     |
|                                    |                                | <input type="checkbox"/> 90+ years |

28. What is your gender?

- Male  
 Female

29. Which of the following best describes the highest level of education you have completed?

- Did not complete high school  
 High school graduate  
 Some college or vocational school  
 Current college or graduate student  
 College graduate  
 Some postgraduate school  
 Graduate or professional degree

30. Do you have any impairment that would affect your ability to use the website?

- Visual  
 Hearing  
 Mobility  
 Dexterity  
 None

Would you be willing to participate in a focus group to offer additional information about your experiences with the My HealthVet Pilot Program? If so please send us an email indicating your interest to [MHVPilotEvaluation@va.gov](mailto:MHVPilotEvaluation@va.gov) . Please provide your name, email address, telephone number and mailing address so that we may contact you. This information will be kept confidential.

Thank you for your help in evaluating the My HealthVet Pilot Program.  
The VA My HealthVet Program Office