

ATTACHMENT 5
Demographic Survey

Demographic Survey

1. Race
 1. American Indian or Alaskan Native
 2. Asian
 3. Black or African American
 4. Hispanic
 5. Native Hawaiian or Other Pacific Islander
 6. White
 7. Prefer not to answer

2. Yearly household income
 1. <\$20,000
 2. \$20,000-\$40,000
 3. \$40,000-\$60,000
 4. \$60,000-\$80,000
 5. >\$80,000
 6. Prefer not to answer

3. Medical condition treated for in the Pediatric Respiratory Medicine Clinic (circle all that apply)
 1. Asthma
 2. BPD
 3. CF
 4. Sleep Disorder
 5. Other: _____

4. Do you have access to the internet?
 1. Yes
 2. No

5. If yes, where do you have access (circle all that apply)?
 1. Home
 2. Personal digital assistant (ex. Blackberry)
 3. School
 4. Work
 5. Other: _____

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850

6. How often do you currently **call** the Pediatric Respiratory Medicine Office (nurse or doctor)?

1. Never
2. Less than once a month
3. 1-3 times a month
3. 1-2 times a week
4. Greater than twice a week

7. Who is the one calling the Pediatric Respiratory Medicine Office (nurse or doctor)?

1. Both parent/guardian and child
2. Child
3. Parent/Guardian

8. Place the following **list in order from the most common reason you call the Pediatric Respiratory Medicine Office (nurse or doctor) to the least common reason** you call.

1. Appointment issue _____
2. Medication Refill _____
3. Not feeling well _____
4. Prior authorization/insurance issue _____
5. To find out test results _____
6. To give an update on how you are feeling _____

9. How would you prefer to contact the Pediatric Respiratory Medicine Office (nurse or doctor) for the following reasons:

9.1 Medication Refill

1. E-mail
2. In person
3. Telephone
4. Other _____

9.2 Prior authorization/insurance issue

1. E-mail
2. In person
3. Telephone
4. Other _____

9.3 Not feeling well

1. E-mail
2. In person
3. Telephone
4. Other _____

9.4 To give an update on how you are feeling

1. E-mail
2. In person
3. Telephone
4. Other _____

9.5 To find out test results

1. E-mail
2. In person
3. Telephone
4. Other _____

9.6 Appointment issue

1. E-mail
2. In person
3. Telephone
4. Other _____

By completing this survey, I am consenting to be a part of the study that was explained to me and was described in the *Secure Health Messaging for Pediatric Patients* information sheet.