

# Medicare PHR Pilot Survey

Dear Medicare Beneficiary:

As you know in 2007, the Centers for Medicare and Medicaid Services (CMS) initiated a pilot program to provide Medicare patients such as yourself access to a Personal Health Record. Personal Health Records are online tools designed to help people understand their health and health care services. This program provides you and others with information regarding the health care you receive (the medications you are taking for example) online through you Medicare health plan.

CMS, with the National Opinion Research Center (NORC) at the University of Chicago, is conducting a survey of people in Medicare health plans to learn more about their experiences using a PHR. If you have not used your Personal Health Record because a caregiver or another adult has used it for you, please invite this person to fill out the survey.

Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you could take the time, about 30 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help us, and your health plan, serve you better.

All information you provide will be kept private in accordance with Privacy Act of 1974, as amended at 5 U.S.C. 552a, the Computer Matching and Privacy Protection Act of 1988 (Public Law 100-503) and Privacy Act Regulation 45 CFR Part 5b, unless otherwise compelled by law. The information you provide will not be shared with anyone other than authorized persons at CMS and NORC, the survey research organization assisting us in this survey.

You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way. However, your knowledge and experiences will help us to improve care for all Medicare beneficiaries, so we hope you will choose to help us.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please do not hesitate to contact Alison Muckle by phone at (301) 634-9461, Monday through Friday between 9:00am and 6:00pm Eastern Standard time, or by email at: [Muckle-Alison@norc.org](mailto:Muckle-Alison@norc.org).

Thank you for your help with this important survey.  
Sincerely,

SU\_ID:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

# General Instructions

Form Approved  
OMB No. XXXX-XXXX  
Exp. Date XX/XX/20XX

If you agree to participate in the survey, please complete it to the best of your ability. To answer the questions, write an “X” inside the box next to the answer choice that best fits your response. If the instructions for a question say, “*Mark all that apply*” you may mark more than one answer choice for that question.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- 1  Yes → *If yes, go to Question 2*
- 2  No → *If no, go to Question 3*

# Beneficiary Survey

Form Approved  
OMB No. XXXX-XXXX  
Exp. Date XX/XX/20XX

## I. Your Registration Experience

The following section is about your experiences in registering for your Personal Health Record called Personal Health Record, an online summary of your health care information provided to you by HEALTH PLAN.

1. How did you first learn about your Personal Health Record? *Mark all that apply.*

- 1  Mailing from HEALTH PLAN
- 2  HEALTH PLAN's website
- 3  Mymedicare.gov website
- 4  Doctor, nurse or other healthcare provider
- 5  Friend or family
- 6  Advertisement
- 7  Other (*please specify*):

2. How easy was it for you to register or sign up for your Personal Health Record?

- 1  Very Easy
- 2  Easy
- 3  Neither easy nor difficult
- 4  Difficult
- 5  Very difficult

3. Please mark the statements below that apply to your experience registering for your Personal Health Record. If none of the statements apply to your experience, leave all blank. *Mark all that apply.*

- 1  I had no problem registering
- 2  It was difficult for me to find a computer I could use
- 3  It was difficult for me to use the internet
- 4  It was difficult for me to use my health plan's website
- 5  It was difficult for me to register for other reasons (*please specify*):

4. Did you receive any help from a friend, family member, or caregiver when you signed up for your Personal Health Record?

- 1  Yes
- 2  No

5. Did you receive any help from HEALTH PLAN when you signed up for your Personal Health Record?

- 1  Yes
- 2  No

**6. Why did you sign up for your Personal Health Record? Mark all that apply.**

- 1  Because it would help me better understand my health
- 2  Because it would help me schedule appointments with my doctor(s)
- 3  Because it would improve communication with my doctor
- 4  Because I like the idea of using a computer to keep track of my health care and conditions
- 5  Because it would help me take an active role in my own health care
- 6  Because someone I trust recommended that I use a Personal Health Record
- 7  Other (please specify):

## II. Your Personal Health Record Use

The next section has to do with your use of your Personal Health Record and some of its functions. “Using” the functions of your Personal Health Record can include viewing, updating, printing, sharing, adding or removing information in Your Personal Health Record.

**7. How often do you view your Personal Health Record?**

- 1  Daily
- 2  A few times a week
- 3  Once a week
- 4  A few times a month
- 5  Once a month
- 6  A few times a year or less

**8. How long have you been using your Personal Health Record?**

- 1  Less than 3 months
- 2  Between 3 and 6 months
- 3  6 months or longer

**9. Have you given permission to family members or caregivers to use your Personal Health Record on your behalf?**

- 1  Yes
- 2  No

**10. Which of the following people have access to your Personal Health Record? Mark all that apply.**

- 1  One or more of my family member(s):  
*Mark all that apply.*
  - Spouse
  - Son or Daughter
  - Niece or Nephew
  - Sibling
- 2  My caregiver(s) (other than family)
- 3  My doctor(s)
- 4  Others (please specify):

- 5  Not applicable, no one else has access to my Personal Health Record

**11. “Using” the functions of your Personal Health Record can include viewing, updating, printing, sharing, adding or removing information in your Personal Health Record. Please indicate how often you use the following functions of your Personal Health Record.**

	Never	Rarely	Sometimes	Often
a. My medication information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My personal information (for example: your address or phone number)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. My medical test information (for example: diagnostic tests, labs, radiology, procedures, or results)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. My health care visits (for example: doctor visits)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My health conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Health education information (for example: tips on how to stay healthy)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Sending messages to my doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**12. In general, please indicate how much you agree or disagree with the following statements regarding your use of your Personal Health Record. For each statement, choose only one answer.**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. It is easy for me to use my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is easy for me to read information in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. It is easy for me to understand my information in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. It is easy for me to share information from my Personal Health Record with my doctor(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. It is easy for me to add or remove information from my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I am confident that the information in my Personal Health Record is correct	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. It is easy for me to print my health information from my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**13. Please indicate how much you agree or disagree with the following statements regarding your use of information on medications in your Personal Health Record. For each statement, choose only one answer.**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. It is easy for me to find my medication information in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is easy for me to understand the content of my medication information in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I am confident that my medication information is correct in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. It is easy to print a copy of my medication information if I want to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. It is easy for me to add or remove medications in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**14. Please indicate how much you agree or disagree with the following statements regarding your use of the information medical tests such as lab tests or X-rays in your Personal Health Record. For each statement, choose only one answer.**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. It is easy for me to find my medical tests in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is easy for me to understand the content of my medical tests in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I am confident that information on my medical tests is accurate in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. It is easy for me to print a copy of my medical tests if I want to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. It is easy for me to add or remove information on my medical tests in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**15. Please indicate how much you agree or disagree with the following statements regarding information on your health conditions in your Personal Health Record. For each statement, choose only one answer.**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. It is easy for me to find information on my health conditions in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is easy for me to understand the content of my health conditions in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I am confident that the information on my health conditions in my Personal Health Record is accurate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. It is easy for me to print a copy of my health conditions if I want to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. It is easy for me to add or remove information from my health conditions in my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**16. Please indicate how much you agree or disagree overall with the following statements regarding using your Personal Health Record to exchange messages with your doctor. For each statement, choose only one answer.**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. It is easy for me to use my Personal Health Record to send messages to my doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is easy for me to use my Personal Health Record to receive messages from my doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**17. How confident are you that your information is secure in your Personal Health Record? Please choose only one answer.**

- 1  Very confident
- 2  Somewhat confident
- 3  Not confident

### III. Usefulness of Your Personal Health Record

The next section has to do with the usefulness of your Personal Health Record to you.

18. In general, do you feel that your Personal Health Record is useful to you?

1  Yes

2  No

Please explain why Your Personal Health Record is or is not useful.

19. In general, please indicate the degree to which you agree or disagree with the following statements about the usefulness of your Personal Health Record for you. For each statement, choose only one answer.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. Having my Personal Health Record has improved my knowledge about my health care and conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Having my Personal Health Record helped me to schedule visits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Having my Personal Health Record helped me keep track of my medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My communication with doctors(s) has improved as a result of my personal health record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Having my Personal Health Record helps me take a more active role in my own health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. My overall health has improved as a result of having my Personal Health Record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

20. Please tell us in your own words how you think your Personal Health Record has contributed to improvements in your overall health. Answer only if you indicated "Strongly Agree" or "Somewhat Agree" to question 19f.



## IV. About you

The next set of questions has to do with you and your health care experiences.

**21. In general, how would you rate your overall health now? Choose only one answer.**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**22. During the past 12 months, how many times have you seen a doctor or other health care professional about your health? Do not include times you were hospitalized overnight.**

- 1  None
- 2  1
- 3  2-10
- 4  10-12 (about once a month)
- 5  13-20
- 6  20-30 (about twice a month)
- 7  30 or over

**23. Have any of your doctors told you that you have a chronic condition (for example, high blood pressure, diabetes, or asthma or heart disease)?**

- 1  Yes, I have one or more chronic conditions
- 2  No
- 3  Don't know

**24. How comfortable are you using a computer?**

- 1  Very comfortable
- 2  Somewhat comfortable
- 3  Somewhat uncomfortable
- 4  Very uncomfortable

**25. What is your age?**

- 1  64 and younger
- 2  65-70
- 3  71-75
- 4  76-80
- 5  81-84
- 6  85 and older

**26. Are you male or female?**

- 1  Male
- 2  Female

**27. Would you consider yourself of Hispanic or Latino origin or descent?**

- 1  Yes
- 2  No

**28. What is your race? Select one or more.**

- 1  White
- 2  Black/African-American
- 3  Asian
- 4  American Indian or Alaska Native
- 5  Native Hawaiian or other Pacific Islander

**29. What language do you mainly speak at home?** *Choose only one answer.*

- 1  English
- 2  Spanish
- 3  Some other language  
(please specify):

**30. What is the highest level of education you have completed?**

- 1  Less than high school diploma
- 2  High school diploma/GED
- 3  Some college or 2-year degree
- 4  4-year college graduate (Bachelor's)
- 5  More than 4-year college degree  
(Graduate degree)

**31. Did someone help you complete this survey?**

- 1  Yes → *If yes, go to Question 32*
- 2  No → *If no, go to end of survey*

**32. How did that person help you?**  
*Mark all that apply.*

- 1  Read the questions to me
- 2  Wrote down the answers I gave
- 3  Answered the questions for me
- 4  Translated the questions into my language
- 5  Helped in some other way  
(please specify):

**Thank you.**

Please return the completed questionnaire  
in the enclosed postage paid envelope to:

NORC  
Attn: Medicare PHR Pilot Survey  
4350 East-West Highway, Suite 800  
Bethesda, MD 20814

