Asthma Management and Clinical Decision Support
System Usability and User Satisfaction Survey

We are conducting a study to help us assess the usefulness of the Asthma Assessment Form in the Electronic Medical Record. We are asking you to complete a brief survey that should take less than 10 minutes of your time. Your participation in this survey is completely voluntary and your answers will be anonymous. Thank you for helping us improve the design of clinical decision support tools for electronic health records.

1. **We are interested in understanding how you utilize the Electronic Medical Record for your patients with asthma. For each question below, indicate how often the statement is true.**

	Never	Sometimes	Often	Usually	Always
a. I begin to document the history in Centricity during the patient visit.	☐	☐	☐	☐	☐
b. I begin to document the exam findings in Centricity during the patient visit.	☐	☐	☐	☐	☐
c. I begin to document my assessment in Centricity during the patient visit.	☐	☐	☐	☐	☐
d. I begin to document my plan in Centricity during the patient visit.	☐	☐	☐	☐	☐
e. I print an asthma action plan and give it to the patient, if the patient has asthma on the *problem list*.	☐	☐	☐	☐	☐
f. I print an asthma action plan and give it to the patient, if the patient is having asthma *symptoms*.	☐	☐	☐	☐	☐
g. I have used the asthma management forms of the Centricity system.	☐	☐	☐	☐	☐
h. I complete the asthma management forms during the patient visit.	☐	☐	☐	☐	☐

2. **The following questions are about your beliefs about guidelines and decision support systems. A decision support system compares patient characteristics with a knowledge base and then guides a health provider by offering patient-specific and situation-specific advice.**

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	I am familiar with the recommendations for management of chronic asthma in the 2007 guidelines from the NIH/NHLBI.	☐	☐	☐	☐	☐
b.	I agree with the recommendations for chronic asthma management in the 2007 guidelines from the NIH/NHLBI.	☐	☐	☐	☐	☐
c.	I believe that reliance on practice guidelines leads to "cookbook medicine."	☐	☐	☐	☐	☐
d.	I know what a clinical decision support system is.	☐	☐	☐	☐	☐
e.	I believe that clinical decision support systems have the capacity for improving patient care.	☐	☐	☐	☐	☐

3. We are interested in your opinion of the asthma assessment forms in Centricity. Indicate the extent to which you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	The asthma management forms help me take better care of patients.	☐	☐	☐	☐	☐
b.	The asthma management forms are not worth the time they take to use.	☐	☐	☐	☐	☐
c.	The asthma management forms have useful reminders about something I might have forgotten to do.	☐	☐	☐	☐	☐
d.	The asthma management forms are a useful tool to teach me about appropriate care for asthma.	☐	☐	☐	☐	☐
e.	The way the asthma management forms were designed fits efficiently into my workflow.	☐	☐	☐	☐	☐
f.	I needed to learn a lot of things before I could get going with the asthma management forms.	☐	☐	☐	☐	☐
g.	The asthma management forms were designed in a way that minimizes data input.	☐	☐	☐	☐	☐
h.	The asthma management forms produce a satisfactory note to document progress.	☐	☐	☐	☐	☐
i.	The asthma management forms have too much inconsistency with the NIH/NHLBI guidelines.	☐	☐	☐	☐	☐
j.	I would recommend the asthma management form to a colleague.	☐	☐	☐	☐	☐
k.	The asthma management forms were cumbersome to use.	☐	☐	☐	☐	☐

4. How satisfied are you with the way the asthma forms perform the following functions?

		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
a.	Helping me assess asthma severity.	☐	☐	☐	☐	☐
b.	Helping me assess asthma control.	☐	☐	☐	☐	☐
c.	Helping me to choose appropriate therapies.	☐	☐	☐	☐	☐
d.	Generating the asthma action plan.	☐	☐	☐	☐	☐
e.	Creating progress notes	☐	☐	☐	☐	☐
f.	Generating letters to the referring providers.	☐	☐	☐	☐	☐
g.	Generating relevant reminders about specialty (allergy and pulmonology) referrals	☐	☐	☐	☐	☐
h.	Entering prescriptions.	☐	☐	☐	☐	☐

5. Do you have any other comments you would like to make regarding the asthma forms?

_____

_____

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DEMOGRAPHICS AND BACKGROUND INFORMATION

1. How skilled are you in using the Centricity system?

Novice ☐

Average User ☐

Expert ☐

2. In general, not just in terms of the Centricity system, how would you rate yourself as a computer user?

Novice ☐

Average User ☐

Expert ☐

3. What is your profession?

MD/DO ☐

Nurse Practitioner ☐

Physician Assistant ☐

APRN/ARNP ☐

Other ☐ Specify: _____

4. At what level of training are you?

Resident ☐

Fellow ☐

Attending ☐

Not applicable ☐

5. What is your age?

25-34 ☐

35-44 ☐

45-54 ☐

55-64 ☐

65 or older ☐

Thank you for completing this survey!