

## Asthma Management and Obesity Prevention

### 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 and Obesity Prevention 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.

#### Asthma Management

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I begin to document the exam findings in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I begin to document my assessment in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I begin to document my plan in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I print an asthma action plan and give it to the patient, if the patient has asthma on the <i>problem list</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I print an asthma action plan and give it to the patient, if the patient is having asthma <i>symptoms</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have used the asthma management forms of the Centricity system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I complete the asthma management forms during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection of information is estimated to average 6 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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.

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.

	Never	Sometimes	Often	Usually	Always
a. I am familiar with the recommendations for management of chronic asthma in the 2007 guidelines from the NIH/NHLBI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I agree with the recommendations for chronic asthma management in the 2007 guidelines from the NIH/NHLBI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that reliance on practice guidelines leads to “cookbook medicine.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know what a clinical decision support system is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe that clinical decision support systems have the capacity for improving patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The asthma management forms are not worth the time they take to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The asthma management forms have useful reminders about something I might have forgotten to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The asthma management forms are a useful tool to teach me about appropriate care for asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The way the asthma management forms were designed fits efficiently into my workflow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I needed to learn a lot of things before I could get going with the asthma management forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The asthma management forms were designed in a way that minimizes data input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The asthma management forms offer a good note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The asthma management forms have too much inconsistency with the NIH/NHLBI guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I would recommend the asthma management form to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The asthma management forms were cumbersome to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**\*\*\*If you do not provide primary care to patients at risk for obesity, please end the survey here\*\*\***

## Obesity Prevention

**1. We are interested in understanding how you utilize the Electronic Medical Record for your patients at risk for obesity. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I begin to document the exam findings in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I begin to document my assessment in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I begin to document my plan in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have used the obesity prevention forms of the Centricity system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I complete the obesity prevention forms during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
b. The obesity prevention forms are not worth the time they take to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The obesity prevention forms have useful reminders about something I might have forgotten to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The obesity prevention forms are a useful tool to teach me about appropriate prevention of obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The way the obesity prevention forms were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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d. I begin to document my plan in Centricity during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have used the obesity prevention forms of the Centricity system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I complete the obesity prevention forms during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
designed fits efficiently into my workflow.					
f. I needed to learn a lot of things before I could get going with the obesity prevention forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The obesity prevention forms were designed in a way that minimizes data input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The obesity prevention forms offer a good note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
have too much inconsistency with the AMA/CDC guidelines.					
j. I would recommend the obesity prevention form to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The obesity prevention forms were cumbersome to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. How satisfied are you with the way the obesity forms perform the following functions?**

Very Dissatisfied      Neutral      Satisfied      Very Satisfied





**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
- APN/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!**