

## Obesity Prevention and Clinical Decision Support System Usability and User Satisfaction Survey

We are conducting a study to help us assess the usefulness of the Obesity Prevention Tools 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 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 EPIC 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 EPIC 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 EPIC 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 EPIC during the patient visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have reviewed the paper obesity specific Review of Systems survey during the patient encounter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have reviewed the paper Healthy Lifestyle survey during the patient encounter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I use the Best Practice Alert that prompts the overweight / obesity smartest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I use the Best Practice Alert that prompts re-evaluation of blood	<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.

pressure

- |    |                                                                                                                                                  |                          |                          |                          |                          |                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i. | The Best Practice Alert reminds me to provide the patient education form                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | I skip the Best Practice Alert for overweight/obesity, but select the overweight/obesity SmartSet from the SmartSet section in Patient Navigator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 prevention of pediatric overweight and obesity in the 2007 guidelines from the AMA/AAP/CDC/Health Resources and Service Administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I agree with the recommendations for prevention of pediatric overweight and obesity in the 2007 guidelines from the AMA/AAP/CDC/Health Resources and Service Administration.	<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 obesity prevention tools (Best Practice Alerts, SmartSets, obesity specific SmartText in the EMR and crossing percentiles report). Indicate the extent to which you agree or disagree with the following statements:**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. The obesity prevention tools help me take better care of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The obesity prevention tools 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 tools 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 tools are useful in teaching me about appropriate prevention of pediatric overweight and obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The way the obesity prevention tools 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 obesity prevention tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The obesity prevention tools 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 tools offer a good note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The obesity prevention tools have too much inconsistency with the AMA/CDC guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I would recommend the obesity prevention tools to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The obesity prevention tools were cumbersome to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**DEMOGRAPHICS AND BACKGROUND INFORMATION**

**1. How skilled are you in using the EPIC system?**

Novice

Average User

Expert

**2. In general, not just in terms of the EPIC 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!**