

## GLIDES Obesity

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

## 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.

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 vaid 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.

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We are interested in understanding how you utilize the E at risk for obesity. For each question below, indicate how					patien
	Never	Sometimes	Often	Usually	Always
I begin to document the history in EPIC during the patient visit.	0	0	0	0	0
b. I begin to document the exam findings in EPIC during the patient visit.	0	0	0	0	0
c. I begin to document my assessment in EPIC during the patient visit.	0	0	0	0	0
d. I begin to document my plan in EPIC during the patient visit.	0	0	0	0	0
e. I take notes or use a paper form to collect information for the review of systems/family history.	0	0	0	0	0
f. I review the paper Healthy Lifestyle Questionnaire during the patient encounter.	0	0	0	0	0
g. I use the Best Practice Alert that prompts the overweight/obesity SmartSet.	0	0	0	0	0
h. I use the Best Practice Alert that prompts re-evaluation of blood pressure.	0	0	0	0	0
i. The Best Practice Alert reminds me to provide the patient education form.	0	0	0	0	0
j. I skip the Best Practice Alert for overweight/obesity, but select the overweight/obesity SmartSet from the SmartSet section in Visit Navigator.	0	0	0	0	0

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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.	0	0	0	0	0
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.	0	0	0	0	0
c. I believe that reliance on practice guidelines leads to "cookbook medicine."	0	0	0	0	0
d. I know what a clinical decision support system is.	0	0	0	0	0
e. I believe that clinical decision support systems have the capacity for improving patient care.	0	0	0	0	0

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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
The obesity prevention tools help me take better care of patients.	0	0	0	0	0
b. The obesity prevention tools are not worth the time they take to use.	0	0	0	0	0
c. The obesity prevention tools have useful reminders about something I might have forgotten to do.	0	0	0	0	0
d. The obesity prevention tools are useful in teaching me about appropriate prevention of pediatric overweight and obesity.	0	0	0	0	0
e. The way the obesity prevention tools were designed fits efficiently into my workflow.	0	0	0	0	0
f. I needed to learn a lot of things before I could get going with the obesity prevention tools.	0	0	0	0	0
g. The obesity prevention tools were designed in a way that minimizes data input.	0	0	0	0	0
h. The obesity prevention tools offer a good note.	0	0	0	0	0
i. The obesity prevention tools have too much inconsistency with the AMA/CDC guidelines.	0	0	0	0	0
j. I would recommend the obesity prevention tools to a colleague.	0	0	0	0	0
k. The obesity prevention tools were cumbersome to use.	0	0	0	0	0

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	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satis
. Helping me assess risk for overweight and obesity.	0	0	0	0	0
b. Helping me to choose appropriate diagnoses.	0	0	0	0	0
c. Helping me choose an appropriate plan.	0	0	0	0	0
d. Entering orders.	0	0	0	0	0
e. Creating progress notes.	0	0	0	0	0

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