

IRB Study No. Pro00006539

mHealth Privacy and Security Consumer Research Pre Focus Group Survey

This survey was prepared by the mHealth Privacy and Security Consumer Research team, MAXIMUS Federal Services, for the Office of the Chief Privacy Officer of the Office of the National Coordinator for Health Information Technology, of the U.S. Department of Health and Human Services.

1. Is your cell phone a smart phone, such as an iPhone, Blackberry or Android?
 - 1 Yes
 - 2 No
 - 3 Do not know/not sure

2. Do you text on your cell phone or smart phone?
 - 1 Yes (*go to question 3*)
 - 2 No (*skip to question 4*)

3. On average, how often do you send or receive text messages?
 - 1 Very often (every day)
 - 2 Often (a few times a week)
 - 3 Sometimes (a few times a month)
 - 4 Never

4. What type of device/s do you use to go online (use the internet)?
CHECK ALL THAT APPLY.
 - 1 Desktop computer
 - 2 Laptop computer
 - 3 Cell phone and/or a Blackberry, Android, iPhone or other device that is also a cell phone
 - 4 Game console
 - 5 Electronic book reader (such as Kindle or Nook)
 - 6 Tablet such as an iPad
 - 7 Other, please specify: _____

5. Do you use a computer now, or have you used one in the past?
 - 1 Yes
 - 2 No

If No, skip to question 8

6. How long have you been using a computer?
 - 1 Less than 6 months
 - 2 Between 6 months and 1 year
 - 3 More than 1 year, but less than 5 years

mHealth Privacy and Security Consumer Research
MAXIMUS Federal Services

IRB Study No. Pro00006539

- 4 5 years or more
- 5 10 years or more

7. What percentage of your time online are you online with your computer?

8. What percentage of your time online are you online with your cell phone or other mobile device?

9. How often do you use the Internet on a computer, smart phone or other mobile device?

- 1 Never
- 2 Once a week or less
- 3 A few times a week
- 4 About once a day
- 5 Several times a day
- 6 Most of the day

If Never, skip to question 13.

10. In the past month, roughly how often have you gone online to do any of the following?
Please circle your answer.

	Never used	Used once	Used occasionally	Used frequently
Do your banking or pay bills online	1	2	3	4
Email	1	2	3	4
Use social media such as Facebook, MySpace or Twitter	1	2	3	4
Make video calls (with programs such as Skype)	1	2	3	4
Use instant messaging	1	2	3	4
Submit your resume or search for information about employment	1	2	3	4
Read the news online	1	2	3	4
Shop for clothes or other items, search for product information online	1	2	3	4
Search for health information about an illness or condition	1	2	3	4

mHealth Privacy and Security Consumer Research
MAXIMUS Federal Services

IRB Study No. Pro00006539

Search for information about medications	1	2	3	4
Search for information about your health benefits	1	2	3	4
Access your personal health record (PHR) online	1	2	3	4
Email your doctor/provider	1	2	3	4
Track your health behavior - diet, amount of exercise, etc.	1	2	3	4
Participate on a health blog or social networking site related to a particular health issue	1	2	3	4

11. Have you ever used the Internet to search for general health information, such as illnesses, medications, health products or providers?

- 1 Yes
- 2 No

12. Have you ever used the Internet to contact your health care provider or view your personal medical information (for example, view your lab test results, request a medication refill or schedule a future medical appointment)?

- 1 Yes
- 2 No
- 3 Not Sure/Do not know

13. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Do not know

14. Are you currently caring for or making health care decisions for a family member of close friend with a serious or chronic illness?

- 1 Yes
- 2 No

15. How concerned are you about privacy and security when sending or receiving messages on your mobile phone or mobile device?

- 1 Very concerned
- 2 Concerned
- 3 Somewhat concerned

mHealth Privacy and Security Consumer Research
MAXIMUS Federal Services

IRB Study No. Pro00006539

- 4 A little concerned
- 5 Not concerned at all
- 6 No opinion

16. Do concerns about privacy and security cause you to limit the types of messages you send on your mobile phone or mobile device?

- 1 Yes
- 2 No

17. How familiar are you with the federal HIPAA guidelines to protect a patient's personal health information?

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not familiar

18. Do you have a way to send or receive secure messages on your smart phone through a security application, or an encrypted or HTTPS connection or other tool?

- 1 Yes
- 2 No
- 3 Not sure/Do not know

19. What is the make and model of the cell phone, smart phone and/or tablet that you may use to connect to the internet? (Include whatever information you can remember if you don't have the phone or tablet with you.)

Cell phone _____

Smart phone _____

Tablet/iPad _____

Other mobile device _____

20. What types of mobile phone apps (applications) do you use?

21. Do you use an internet-based personal health record (PHR)?

- 1 Yes
- 2 No

IRB Study No. Pro00006539

22. Do you use any online tools to track a health condition, or to track your health behavior?
Examples of these online tools include a mobile blood glucose meter that sends your results to your provider, an electronic exercise monitor, etc.

- 1 Yes
- 2 No

23. What is your gender?

- 1 Male
- 2 Female

24. What is your age?

- 2 18 – 33
- 3 34 – 46
- 4 47 – 56
- 5 57 – 68
- 6 69 – 74

25. Are you of Hispanic, Latino or Spanish origin?

- 1 Yes, of Hispanic, Latino or Spanish origin
- 2 No, not of Hispanic, Latino or Spanish origin

26. What is your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Some other race, please specify: _____
- 7 Two or more races, please specify: _____

27. What is the highest level of education you completed?

- 1 No formal education
- 2 Some high school but did not graduate
- 3 High school graduate/or GED
- 4 Vocational training
- 5 Some college/Associate's degree
- 6 College degree (BA/BS)
- 7 Advanced degree

28. How difficult or easy is it for you to fill out medical forms, such as forms when you see a new doctor?

- 1 Very difficult
- 2 Difficult
- 3 Neither difficult nor easy

mHealth Privacy and Security Consumer Research
MAXIMUS Federal Services

IRB Study No. Pro00006539

- 4 Easy
- 5 Very easy

29. Is English the primary language you use at home?

- 1 Yes
- 2 No

If No, what is the primary language you use at home? _____

30. Which category best describes your yearly household income?

(Do not give the dollar amount, just check the category.)

- 1 Less than \$5,000 per year
- 2 \$5,000 to less than \$20,000 per year
- 3 \$20,000 to less than \$35,000 per year
- 4 \$35,000 to less than \$50,000 per year
- 5 \$50,000 to less than \$75,000 per year
- 6 \$75,000 or more per year
- 7 Do not know for certain
- 8 Do not want to answer

31. How many people under the age of 21 live in your household? _____

Thank you very much for your time.

The focus group will begin soon.