NIH Clinical Center Patient Portal Survey for Workers

Please respond to these prompts as they apply to your experience with the FollowMyHealth® Patient Portal in use at the National Institutes of Health Clinical Center. This survey is anonymous.

NIH Clinical Center Privacy Policy - <https://www.cc.nih.gov/disclaimers.html>

OMB # 0925-0648, Expiration Date: 06/30/2024

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

1.How long have you used the NIH Clinical Center Patient Portal?

1 year or less

2 years

3 years

4 years or more

2.How many times have you used the NIH Clinical Patient Portal?

0

1 to 5

6 to 10

11 to 40

41 or more

3.Please indicate your level of agreement with the following statement. The process to create your FollowMyHealth® Patient Portal account was easy.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

4.Does the NIH Clinical Center put your lab results in the Patient Portal for you to see?

Yes

No

Don't know

5.In the last 12 months, did you look for your lab results in the NIH Clinical Center Patient Portal?

Yes

No

6.In the last 12 months, how often was it easy to find these lab results in the NIH Clinical Center Patient Portal?

Never

Sometimes

Usually

Always

7.In the last 12 months, how often were these lab results made available in the NIH Clinical Center Patient Portal as soon as you needed them?

Never

Sometimes

Usually

Always

8.In the last 12 months, how often were these lab results presented in a way that was easy to understand?

Never

Sometimes

Usually

Always

9.Does the NIH Clinical Center make your vaccination record available in the Patient Portal for you to see?

Yes

No

Don't know

10.In the last 12 months, did you look for your vaccination record in the NIH Clinical Center Patient Portal?

Yes

No

11.In the last 12 months, how often was it easy to find your vaccination record in the NIH Clinical Center Patient Portal?

Never

Sometimes

Usually

Always

12.In the last 12 months, was your vaccination record presented in a way that was easy to understand?

Yes

No

13.Does the NIH Clinical Center Patient Portal Service Center provide support via phone?

Yes

No

Don't know

14.In the last 12 months, did you call the NIH Clinical Center Patient Portal Service Center?

Yes

No

15.In the last 12 months, please rate your experience with calling the NIH Clinical Center Patient Portal Service Center.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Unsatisfactory

Satisfactory

16.What information do you feel is missing from the NIH Clinical Center Patient Portal? (If none, you may skip this question.)



17.What functionality do you feel is missing from the NIH Clinical Center Patient Portal? (If none, you may skip this question.)



18.Do you use the FollowMyHealth® Patient Portal for other healthcare facilities you visit?

Yes

No

19.Do you enter information from other medical providers into the FollowMyHealth® Patient Portal?

Yes

No

20.What is your age?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or older

21.Sex:

Male

Female

Unknown

22.What is the highest grade or level of school that you have completed?

8th grade or less

Some high school, but not graduate

High school graduate or GED

Some college or 2-year degree

4-year college graduate

More than 4-year college degree

23.Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, not Hispanic or Latino

24.What is your race?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Submit

Never give out your password.Report abuse

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms

 |

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

 | [Terms of use](https://go.microsoft.com/fwlink/?linkid=866263)