

Canada Health Infoway
SYSTEM AND USE e-Requests for Prescription Renewals or Refills

This survey is about the system you use to **electronically request prescription renewals or refills** from your health care provider. It will take about 5 minutes. Your answers will be kept anonymous and confidential. Mandatory questions are indicated with an asterisk (*).

Thank you, in advance, for completing the survey. Your feedback will help improve the patient experience and inform the use of digital health.

Have questions? Please email Canada Health Infoway at innovation@infoway-inforoute.ca or contact your health care provider.

SAMPLE

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1. How would you describe the system that you use to electronically request prescription renewals or refills from your health care provider? Please select the appropriate response below. *

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure	Not Applicable
a.) The system makes renewing or refilling my prescriptions easier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) The system is easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) The system saves me time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) I am more likely to refill or renew my prescriptions on time when I use the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Thinking of the last time that you used the system to request a prescription renewal or refill, what would you have done if you had not been able to make the request electronically? *

Had an in-person visit with my health care provider	Made a request by telephone	Would not have made a request.	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For what portion of your future prescription renewal and refill requests will you use the electronic system? *

All	Most	Some	None	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Would you recommend the system to other patients? *

Definitely	Probably	Probably Not	Definitely not
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have any other comments about the system?

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6. Within the past 12 months, how often have you received a prescription from your regular doctor or place of care for a medicine that you could fill at a pharmacy? *

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never | Once | 2-3 times | 4-5 times | 6 times or more | I don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. What is your gender?

- | | |
|--------------------------|--------------------------|
| Male | Female |
| <input type="checkbox"/> | <input type="checkbox"/> |

8. What is your age?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Under 20 | 20 to 34 | 35 to 49 | 50 to 64 | 65 or over |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU FOR YOUR RESPONSES