

**Canada Health Infoway
SYSTEM AND USE e-Visits**

This survey is about the system you use to communicate with your health provider electronically. We refer to these communications as “e-visits”. The survey 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 care provider.

SAMPLE

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1. How would you describe the system that allows you use to communicate with your health care provider electronically? Please select the appropriate response below.*

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure	Not Applicable
a. Using the e-visit system makes accessing care or services more convenient for me.	<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"/>

2. Thinking of the last time that you used the system to communicate with your health provider, what would you have done if you had not been able to have an e-visit?*

Had a telephone visit with my health care provider	Had an in-person visit with my health care provider.	Visited other health care provider, such as a walk-in clinic or emergency department	Would not have sought care	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For what portion of your future visits will you use e-visits?*

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

4. How likely are you to 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 you would like to make regarding the system?

6. In the last 12 months, how many times did you see or talk to a medical doctor or nurse practitioner? (Do not count times when you stayed overnight in a hospital)*

None	1 to 2	3 to 5	Over 5	I Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. What is your gender?

Male

Female

8. What is your age?

Under 20

20 to 34

35 to 49

50 to 64

65 or
over

THANK YOU FOR YOUR RESPONSES

SAMPLE