



Rural providers’ access to online resources: a randomized controlled trial

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APPENDIX B

Health information resource post-survey for state practitioners

Thank you for completing our survey. Please mark the appropriate blank or box or scale number that best describes your actions or responses to the use of various health information resources.

By health information resources we are NOT talking about patient medical records, but rather we mean information about prevention, diagnosis, diseases, disorders, and treatments.

Please provide your best estimate if you are not sure of any response.

1. During the past 3 months on average, how often did you use each of the listed resources to look for information to help support or make an actual clinical decision?

Health information resource:	Times used per week on average over the past 3 months											
	0	1	2	3	4	5	6	7	8	9	10	10+
a. Free general web resources (e.g., Google)												
b. Free medical websites (e.g., WebMD)												
c. Medical websites you pay to use												
d. Professional associations’ members-only websites												
e. PubMed or MEDLINE												
f. Print scientific journals												
g. Online scientific journals												
h. A colleague												
i. Electronic books												
j. Online books												
k. UpToDate												
l. DynaMed												
m. AccessMedicine												
n. Other:												

9. Please share any comments you have about the costs of obtaining health information:

10. What is your main practice role?

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Nurse practitioner | <input type="checkbox"/> Other: (state)_____ |

11. Your clinical practice is primarily located in (please check only one below)

- | | |
|---|---|
| <input type="checkbox"/> the [largest city name] metro area | <input type="checkbox"/> smaller town or community with an inpatient hospital |
| <input type="checkbox"/> [second & third largest cities] area | <input type="checkbox"/> smaller town or community with no inpatient hospital |

12. How many other practitioners (MD, PA, NP, RN, etc.) typically work at your primary clinical practice site?

_____ practitioners

13. How many total years have you been clinical practice?

_____ years

14. What is your age?

_____ years

15. What is your gender

female male

16. Please share any other comments you might have about obtaining health information for your clinical work:
