

Evaluating health literacy in individuals with a neurological condition and caregivers

Are you living with a neurological condition? Do you support someone living with a neurological condition? Are you interested in undertaking a survey on health and e-health literacy (the ability to find, understand, and use online and offline health information)?

This study is observational and will provide us with information needed to develop novel health and e-health literacy interventions for people living with neurological conditions and caregivers.

What do I need to do?

Complete an online survey containing questions on health literacy and e-health literacy.

If you wish, you can also decide to participate in workshops on ehealth interventions.

If you are interested in participating, please scan the QR code below or copy the link into your web browser



<https://redcap.link/miikb66x>

For further information please contact:

Dr Travis Cruickshank or A/Prof Mandy Stanley, Chief Investigators.

Email: spin@ecu.edu.au



PARTICIPANT INFORMATION SHEET

Project Title: Evaluating ehealth literacy and the perspectives of individuals with neurological conditions and caregivers on ehealth interventions

Approval: 2021-02693-Cruickshank

Lead Investigators: Dr Travis Cruickshank and A/Prof Mandy Stanley

Other Investigators: Dr Danielle Bartlett, Dr Johnny Lo, Prof Amanda Devine, Mrs Manja Laws, Prof Simon Laws, Prof Moira Sim, Prof Rob Newton, Prof Natalie Ciccone, Prof Barby Singer, Dr Onno van der Groen, Prof Dylan Edward, Prof Chris Abbiss, Mr Mitchell Turner, Dr Jillian Ryan, Dr James Smith, Dr Yvonne Learmonth, Ms Rebecca Russell and Ms Sue Shapland

An invitation to participate

You are invited to participate in a research study that seeks to understand ehealth literacy and perspectives of individuals with a neurological condition and caregivers regarding ehealth interventions. You are being asked to participate in this research project because you live with a neurological condition or support someone living with a neurological condition.

Please read this information carefully. Ask questions about anything that you do not understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative or friend.

If you decide you want to take part in the research project, you will be asked to sign an electronic consent form (indicated by a tick box), which is included at the start of the survey. By signing this consent form, you are telling us that you:

- Understand the contents of the participation information sheet and consent form,
- Consent to participate in the research project,
- Consent to be involved in the research project described,
- Consent to the use of your personal information as described.

What is this project about?

The aim of this research project is to evaluate ehealth literacy and the perspectives of people living with a neurological condition and caregivers regarding ehealth interventions. This research project asks participants to undertake: 1) an online or hardcopy survey evaluating ehealth literacy and 2) attend a consumer workshop (in person or online) that seeks to ascertain perspectives regarding ehealth interventions (workshops are optional). The survey and subsequent workshops provide individuals living with a neurological condition and caregivers an opportunity to communicate about their current ehealth literacy and provide their perspectives on ehealth interventions.

What does my participation involve?

Your participation in this research project will involve the completion of an online or hardcopy survey which is expected to take 30 minutes to complete. The survey will ask you questions regarding your

demographics (e.g., age, gender, neurological condition etc), health literacy, e-health literacy, computer proficiency, mobile device proficiency and wireless network proficiency. As part of the survey (at the end) you will also be given the opportunity to provide your email address, which will be used to contact you in the future regarding participation in workshops aimed at understanding the perspectives of people regarding ehealth interventions. By providing your email address you are not obliged to participate in these workshops (they are voluntary). If you wish to be involved in consumer workshops an additional consent form will need to be signed prior to consumer workshop days (you can email researchers regarding consent forms for workshops, please the bottom of the information letter for email details). Consumer workshops are being undertaken to gain an understanding of the perspectives of the neurological community regarding ehealth interventions. Workshops are expected to be 2 hours in duration and can be undertaken in person or online. In person workshops will include light refreshments (e.g., coffee, tea, biscuits). Attendance and contribution to the workshop does not imply any commitment to further research participation.

The conversations had within workshops will be recorded by researchers. Only the individuals named as investigators on this research project will have access to workshop recordings. As a token of gratitude for participating in a workshop, you will receive a \$50 honorarium.

Do I have to take part?

No, your participation in this study is completely voluntary. If you do not wish to take part, you do not have to. If you do decide to take part and later change your mind, you are able to withdraw (quit) at any time. Your decision to take part, or to take part and later withdraw, will not affect your relationship with the research team, any health professionals or community organisations.

Your privacy

By signing the consent form, you consent to the team collecting and using the information provided within the survey. Importantly, signing the consent form in the survey does not imply consent for participation in the consumer workshops. Involvement in the consumer workshops will require an additional consent form to be signed prior to workshops. Data collected from the survey will be stored securely on university servers only accessible to research staff.

It is anticipated that the results of the survey and workshops will be published in peer reviewed scientific journals and presented at scientific and community forums. Results from the survey and workshops that are presented in publications and forums will not contain any identifying information, ensuring your confidentiality is maintained.

All data collected will be stored on a secure server for a minimum of seven years. Following this period, all data will be permanently deleted. Likewise, any hardcopy data generated from this project will be stored in a locked filing cabinet in the chief investigator's office for a period of seven years, after which the data will be destroyed via a paper shredder.

Possible benefits

This research project will not lead to any direct personal benefits. However, the results derived from the survey and subsequent workshops will reveal important information regarding ehealth literacy and perspectives of the neurological community (people with lived experience and caregivers) on ehealth

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interventions. This information is vital to designing appropriate ehealth interventions for the neurological community.

Possible Risks and Management Plan

There is a very low level of risk involved with participation. It is unlikely, but if you feel that some questions make you feel uncomfortable you do not need to respond. If you feel that the questions have negatively impacted your mental health, please contact the relevant mental health services below.

Government mental health web page: <https://www.mentalhealth.gov/get-help>

Lifeline (phone number = 13 11 14): <https://www.lifeline.org.au/get-help/get-help-home>

Find a psychologist via Australian Psychological Society: <https://www.psychology.org.au/Find-a-Psychologist>

Find a registered counsellor via the Australian Counselling Association:
<https://www.theaca.net.au/findregistered-counsellor.php>

What happens after the completion of this study?

If you wish to receive a copy of the outcomes of the survey and workshop, please contact the chief investigators. The results can be presented to you in general form with no identifiable details. We intend to publish the findings from the survey and workshop as well as present findings at local, national, and international conferences and community forums.

Has this research been approved?

This project has received the approval of Edith Cowan University's Human Research Ethics Committee, in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007). The approval number is 2021-02693-Cruickshank.

Contacts

If you would like to discuss any aspect of this project, please contact Dr Travis Cruickshank or A/Prof Mandy Stanley. If you would like to speak to someone independent of the research study, please contact the Edith Cowan University Human Research Ethics Committee.

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Lead Investigator

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Approval to conduct this research has been provided by the Edith Cowan University's Human Research Ethics Committee, approval number 2021-02693-Cruickshank, in accordance with its ethics review and approval procedures. If at any time you are not satisfied the research or wish to make a complaint about the research process, you may contact the Human Research Ethics team on 6304 2170 or by emailing them at research.ethics@ecu.edu.au.

PARTICIPANT CONSENT FORM (SURVEY)

Project Title: Evaluating ehealth literacy and the perspectives of individuals with neurological conditions and caregivers on ehealth interventions

Approval: 2021-02693-Cruickshank

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I have read and understood the information provided in the participant information sheet. By signing this consent form, I acknowledge that I:

- Understand what my involvement in this research will include.
- Have the capacity to understand written English.
- Have had any questions answered to my satisfaction.
- Understand the risks of the research.
- Freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without prejudice.
- Will have all identifiable information I provide treated as confidential and will not be released without my express consent, or by law; and
- Understand that whether I participate or not will not impact on my relationship with my employer.

Please provide your full name and indicate whether or not you consent to participate in this research:

Yes, I consent for my response to be used for research purposes

No, I do not consent to participate

Approval to conduct this research has been provided by the Edith Cowan University's Human Research Ethics Committee, approval number 2021-02693-Cruickshank, in accordance with its ethics review and approval procedures. If at any time you are not satisfied the research or wish to make a complaint about the research process, you may contact the Human Research Ethics team on 6304 2170 or by emailing them at research.ethics@ecu.edu.au.

Demographics Form

1. What is your age (in years)?

2. What gender do you identify with (please check the most appropriate box)?

- Male
- Female
- Prefer not to say
- Do not identify as male or female

3. What country do you live in?

4. What is your postal code?

5. What language(s) do you speak at home (please list)?

6. Do you live with a neurological condition?

- Yes
- No

7. Do you live with multiple neurological conditions?

- Yes
- No

8. What neurological condition(s) do you live with (please list)?

9. When were you diagnosed with your neurological condition(s) (if possible, please provide the year of diagnosis)?

10. Do you support someone living with a neurological condition?

- Yes
 No

11. How long have you been supporting someone living with a neurological condition (if possible, please provide in years)?

12. What relationship do you have with the person living with a neurological condition (please check the most appropriate box)?

- Spouse
 Child
 Sibling
 Friend
 Other (please specify) _____

13. Please indicate your level of education (please check the most appropriate box).

- Less than secondary school
 Completed secondary school
 Completed a certificate or diploma
 Completed university or higher

14. What is your current employment status (please check the most appropriate box)?

- Less than secondary school
- Completed secondary school
- Completed a certificate or diploma
- Completed university or higher

15. Which of the following best represents the industry that you mainly work in (please check the most appropriate box)?

- Agriculture; forestry and fishing
- Mining and quarrying
- Manufacturing
- Electricity; gas, steam, and air conditioning supply
- Water supply; sewerage, waste management and remediation activities
- Construction
- Wholesale and retail trade; repair of motor vehicle and motorcycles
- Transportation and storage
- Accommodation and food service activities
- Information and communication
- Financial and insurance activities
- Real estate activities
- Professional, scientific, and technical activities
- Public administration and defence; compulsory social security
- Education
- Human health and social work activities
- Arts, entertainment, and recreation
- Other service activities
- Activities of households as employers; undifferentiated goods
- Other (please specify) _____

16. Do you use any of the following devices (please check boxes as needed)?

- Computer
- Laptop
- Mobile phone
- Smartphone
- Tablet
- Other (please specify) _____

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17. Do you use any of the following to connect with others (please check boxes as needed)?

- Email
- Text message
- Facebook
- Twitter
- Instagram
- Snapchat
- WhatsApp
- WeChat
- Blogging
- Other (please specify) _____

Participant ID _____

Understanding Health and Healthcare Questionnaire

Thank you for taking the time to complete this questionnaire.
We hope the results will help us to improve the way we provide
care for our community.

We want to learn about how you find, understand and use health
information, and how you manage your health and interact with
doctors and other healthcare providers.

In this questionnaire, the term **healthcare providers** means
doctors, nurses, physiotherapists, dieticians and any other health
worker you seek advice or treatment from.

Information about this questionnaire and how to fill it in

This questionnaire contains two parts.

In **Part 1** you are asked to indicate how strongly you **disagree** or **agree** with a set of statements.

In **Part 2** you are asked to indicate how **difficult** or **easy** you find a set of tasks.

For each statement or task check the box that **best describes you now**.

Please ensure that you **check a box** for **every** statement or task.

An example

1. The Earth is flat
- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
- Strongly disagree Disagree Agree Strongly agree

Ms Jane Citizen has indicated that she **strongly disagrees** with this statement.

Part 1 of the questionnaire starts here

Please indicate how strongly you **disagree** or **agree** with each of the following statements. Remember to check only **one** box for each statement.

Check a box by crossing it like this:



	Strongly disagree	Disagree	Agree	Strongly agree
1 I feel I have good information about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have at least one healthcare provider who knows me well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I can get access to several people who understand and support me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I compare health information from different sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 When I feel ill, the people around me really understand what I am going through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I spend quite a lot of time actively managing my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 When I see new information about health, I check up on whether it is true or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 1 continued

Please indicate how strongly you **disagree** or **agree** with each of the following statements. Remember to check only **one** box for each statement.

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
8	I have at least one healthcare provider I can discuss my health problems with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I make plans for what I need to do to be healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have enough information to help me deal with my health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If I need help, I have plenty of people I can rely on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I always compare health information from different sources and decide what is best for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Despite other things in my life, I make time to be healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I am sure I have all the information I need to manage my health effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I have at least one person who can come to medical appointments with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I know how to find out if the health information I receive is right or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I have the healthcare providers I need to help me work out what I need to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I set my own goals about health and fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I have strong support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I ask healthcare providers about the quality of the health information I find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	There are things that I do regularly to make myself more healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I can rely on at least one healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I have all the information I need to look after my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page.

Part 2 of the questionnaire starts here

Please indicate how **difficult** or **easy** the following tasks are for you **now**. Remember to check only **one** box for each statement.

Check a box by crossing it like this: 

Cannot do or always difficult
Usually difficult
Sometimes difficult
Usually easy
Always easy

1	Find the right health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Make sure that healthcare providers understand your problems properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Find information about health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Feel able to discuss your health concerns with a healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Confidently fill medical forms in the correct way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Find health information from several different places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Have good discussions about your health with doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Get to see the healthcare providers you need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Accurately follow instructions from healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Get information about health so you are up to date with the best information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Decide which healthcare provider you need to see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Read and understand written health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Make sure you find the right place to get the health care you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page.

Part 2 continued

Please indicate how **difficult** or **easy** the following tasks are for you now. Remember to check only **one** box for each statement.

Cannot do or always difficult
Usually difficult
Sometimes difficult
Usually easy
Always easy

- | | | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14 | Get health information in words you understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Discuss things with healthcare providers until you understand all you need to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Find out which healthcare services you are entitled to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Read and understand all the information on medication labels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Get health information by yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Work out what the best care is for you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Ask healthcare providers questions to get the health information you need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Understand what healthcare providers are asking you to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing this questionnaire.



Office use only: _____

eHLQ – eHealth Literacy Questionnaire

Understanding eHealth and Healthcare Questionnaire

Thank you for taking the time to complete this questionnaire. This questionnaire is about your experience in using digital technologies to:

- Find, understand and use health information
- Manage your health
- Communicate with your doctors or healthcare providers

Examples of terms used in this questionnaire

Examples of ‘Health technology’:

- Internet/ Websites
- Health apps
- Sensors
- Monitoring machines
- Computers/ laptops
- Mobile phones/ Smartphones
- Tablets
- Smartwatches, etc.

Examples of ‘eHealth systems’:

- Online health records
- Health apps
- Medicare website/ app
- Private health insurance website/ app, etc.
- Doctor’s website
- Healthcare provider’s website
- Prescription apps

Examples of ‘Health professionals/ Healthcare providers’:

- Doctors
- Dentists
- Physiotherapists
- Specialists
- Nurses
- Dieticians
- Psychologists
- Any other health workers

eHLQ

Please indicate how strongly you **disagree** or **agree** with each of the following statements.

Please check only one box per statement by crossing it like this:

		Strongly Disagree	Disagree	Agree	Strongly Agree
1	I am sure that my health data are being used only by those who are supposed to use it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Technology makes me feel actively involved with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Information about my health is always available to those who need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I know how to use technology to get the health information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The knowledge I have helps me to have good conversations about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I know how to make technology work for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I use technology to find information about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I can enter data into health technology systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My healthcare providers deliver services that I can access through technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	My electronic healthcare data are being stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I often use technology to understand health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have enough information to take part in conversations about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page

eHLQ

		Strongly Disagree	Disagree	Agree	Strongly Agree
13	Technology helps me decide what health care is best for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I have a clear understanding of how healthcare providers use my data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I understand medical results about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	My health data are available to me wherever I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I quickly learn how to find my way around new technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I find that eHealth systems adapt to my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I find technology helps me take care of my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I use technology to share information about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Overall, I understand how my body works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I am sure that only authorised people can access my health data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	All the health technology I use works together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I find I get better services from my health professionals when I use technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I use technology to organise my health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I use measurements about my body to help me understand my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Technology improves my communication with health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page

eHLQ

		Strongly Disagree	Disagree	Agree	Strongly Agree
28	I find eHealth systems seem to adapt to my individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Most of my healthcare providers can be accessed through technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	I am confident that healthcare providers use my data appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	I find eHealth systems are provided to me in a way that suits me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	I easily learn to use new health technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	eHealth systems provide me with easy ways to get what I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	I have access to health technology that works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	I find technology useful for monitoring my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER PROFICIENCY QUESTIONNAIRE

This questionnaire asks about your ability to perform a number of tasks with a computer. Please answer each question by placing an **X** in the box that is most appropriate. If you have not tried to perform a task or do not know what it is, please mark "**NEVER TRIED**", regardless of whether or not you think you may be able to perform the task.

I can	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
Computer Basics					
Turn a computer on and off					
Use a computer keyboard to type					
Use a trackball					
Use a mouse					
Adjust the volume of the computer speakers					
Adjust size of the text on screen					
Printer					
Print documents					
Print photographs					
Load paper into the printer					
Fix the printer when paper jams					
Communication					
Open emails					
Send emails					
Send the same email to multiple people at the same time					
Store email addresses in an email address book or contact list					
View pictures sent by email					
Send pictures by email					
Chat using Internet chat rooms					
Chat using instant messaging					

Post messages to the Internet (e.g., to blogs, Facebook, Twitter, online forums)					
Internet					
Use search engines (e.g., Google)					
Find information about local community resources on the Internet					
Find information about my hobbies and interests on the Internet					
Read the news on the Internet					
Make purchases on the Internet					
Bookmark websites to find them again later (e.g., make favourites)					
Save text and images I find on the Internet					
Calendar					
Use a computer to enter events and appointments into a calendar					
Check the date and time of upcoming and prior appointments					
Set up alerts to remind me of the events and appointments					
Entertainment					
Use a computer to play games					
Use a computer to watch movies and videos					
Use a computer to listen to music					



Mobile Device Proficiency Questionnaire (MDPQ-16)

About the MDPQ-16

This questionnaire asks you about your ability to perform a number of tasks with a **mobile device**.

What is a mobile device?

A mobile device is a device that allows you to perform many of the same tasks as a standard computer but without the use of a physical keyboard and mouse. Instead, these devices use a touchscreen as their interface between the user and computer programs (called Apps — short for applications).



Mobile devices come in many sizes. Depicted above is a tablet as well as two different sized smartphones. These are the types of devices we are interested in.

INSTRUCTIONS

Please answer each question by placing an X in the box that is most appropriate.

If you have not tried to perform a task with a mobile device or do not know what a task is, please mark “NEVER TRIED” regardless of whether or not you think you may be able to perform the task.

Remember, you are rating your ability to perform each of these tasks specifically using a mobile device (tablet or smartphone).

Using a mobile device, I can	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
Mobile Device Basics					
Navigate onscreen menus using the touchscreen					
Use the onscreen keyboard to type					
Communication					
Send emails					
Send pictures by email					
Data and File Storage					
Transfer information (files such as music, pictures, documents) on my mobile device to my computer					
Transfer information (files such as music, pictures, documents) on my computer to my mobile device					
Internet					
Find information about my hobbies and interests on the internet					
Find health information on the internet					
Calendar					
Enter events and appointments into a calendar					
Check the date and time of upcoming and prior appointments					

Entertainment					
Use the device's online "store" to find games and other forms of entertainment (e.g., using Apple App Store or Google Play Store)					
Listen to music					
Privacy					
Set up a password to lock/unlock the device					
Erase all internet browsing history and temporary files					
Troubleshooting and Software Management					
Update games and other applications					
Delete games and other applications					



Wireless Network Proficiency Questionnaire (WNPQ)

About the WNPQ

This instrument is designed to assess your proficiency with various aspects of wireless networks.

What is a wireless network?

Wireless networks bridge the gap between our devices and the internet, when wired connections (e.g., Ethernet) are not available or desired. Wireless networks (e.g., WiFi™) come in various forms, including: (1) wireless routers for use in homes, businesses, and outdoor venues; (2) portable wireless router units (popularly referred to as MiFi); (3) Mobile tethering, where your smartphone acts as the router, broadcasting a wireless network for use on a laptop or other device.



Wireless networks come in many sizes. Depicted above are three different sized wireless routers (also referred to as modems). These are the types of devices we are interested in.

INSTRUCTIONS

Please answer each question by clicking the circle for the response that is most appropriate.

If you know what the specified task is, but have not tried to perform it, **please mark “NEVER TRIED”**, regardless of whether or not you think you may be able to perform the task.

Remember, you are rating your ability to perform each of these tasks involving one of your devices, and a wireless network (e.g., WiFi, MiFi).

Basic Wireless Network Tasks- Personal Computer/laptop	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
Using a <u>Personal Computer/laptop</u>, I can:					
Connect to the wireless network in my home					
Connect to the wireless network at a hotel or business					
Connect to mobile hotspot tethering service on a cellular phone					
Connect to a mobile hotspot device, other phone (i.e., MiFi units, offered by most major carriers)					
Basic Wireless Network Tasks – Mobile Devices	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
Using a <u>tablet/smartphone</u>, I can:					
Connect to the wireless network in my home					
Connect to the wireless network at a hotel or business					
Connect to mobile hotspot tethering service on a cellular phone					
Connect to a mobile hotspot device, other phone (i.e., MiFi units, offered by most major carriers)					

Advanced Wireless Network Tasks	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
I can:					
Reboot my wireless network, while keeping my current settings					
Reset my wireless router/modem to factory settings					
Reset the name of my wireless network					
Reset the username and/or password of my wireless network					
Reset the username and/or password of my wireless network's administrative console					
Update the firmware on my router to the latest version					
Replace the firmware on my router, with a third party, open-source firmware (e.g., DD-WRT, Tomato)					
Miscellaneous Wireless Network Tasks	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
I can:					
Connect to a wireless network on a digital camera for sharing pictures					
Connect to an ad-hoc wireless network for file sharing					
Print via a wireless connection with my Personal Computer/Laptop					
Print via a wireless connection with my mobile device (i.e., tablet, smartphone)					

Final Questions

1. **Would a digital device (e.g., mobile, laptop, tablet, Fitbit, etc.) be appealing to you to process health information (e.g., exercise, dietary, well-being information, etc.)? Please explain your response and provide examples.**

2. **Would using a digital device (e.g., mobile, laptop, tablet, Fitbit, etc.) for accessing and collecting health information (e.g., exercise, dietary, well-being information, etc.) require a lot of effort for you? Please explain your response and provide examples.**

3. **Do you feel comfortable using a digital device (e.g., mobile, laptop, tablet, etc.) for health information (e.g., exercise, dietary, well-being information)? Please explain your response and provide examples.**

4. Do you feel that a digital device (e.g., mobile, laptop, tablet, Fitbit etc.) would be easy for you to use? Please explain your response and provide examples.

5. Do you feel that using a digital device (e.g., mobile, laptop, tablet, Fitbit etc.) for health information would fit your needs (e.g., exercise, dietary, well-being information, etc.)? Please explain your response and provide examples.

6. Please describe how confident you are using a digital device (e.g., mobile, laptop, tablet, Fitbit etc.)? Please explain your response and provide examples.

7. Did anyone help you to complete the above questions?

YES/NO

8. Please indicate the person who helped you complete the questions above.

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**THANK YOU VERY MUCH FOR PARTICIPATING IN THIS SPIN
RESEARCH PROJECT**

**PLEASE RETURN YOUR QUESTIONNAIRE PACK TO THE
HEALTHCARE PROVIDER YOU RECEIVED IT FROM**

**THIS RESEARCH PROJECT IS
GENEROUSLY SUPPORTED BY MSWA**



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