

BC HealthGuide OnLine Evaluation Web Survey Instrument

November 30, 2004

ACTION for Health

Document Status:

- | | |
|--|---|
| <input type="checkbox"/> Published Paper | <input type="checkbox"/> Practitioner's Pointers |
| <input type="checkbox"/> Working Paper | <input type="checkbox"/> Briefing Note |
| <input type="checkbox"/> Report | <input type="checkbox"/> Research Tool |
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BC HealthGuide OnLine Evaluation

Web Survey Instrument ([FINAL Version – July 22, 2004](#))
[With amendments November 30, 2004](#)

Introductory Message

BC HealthGuide OnLine, a current, comprehensive Web site, was launched as a component of the BC HealthGuide Program – a self-care, health resource for residents of British Columbia. We would appreciate your feedback and comments to help improve the BC HealthGuide OnLine Web site. Please take a few minutes to complete this survey. All of your responses will be kept confidential and no personal information will be collected. Thank you.

1. Before today, how often have you visited the BC HealthGuide OnLine web site in the past six months?
(Allow 1 response.)

Past visits to site?

Never
1 time
2 to 3 times
4 to 7 times
8 to 12 times
More than 12 times

2. How did you learn about BC HealthGuide OnLine? Choose all that apply.
(Allow multiple responses)

Learn about site?

Family, friend or word of mouth
Health care provider
BC HealthFiles
BC HealthGuide Handbook
BC HealthGuide Program workshop
BC NurseLine magnet
Link from BC Ministry of Health Services' Web site
Search engine
Other: (Please specify _____)

3. What type of information are you looking for now? Choose all that apply. (Allow multiple responses)

Information about...

Latest health news
BC HealthGuide Program
Wellness and disease prevention
Pregnancy
General mental health
General physical health
A specific health problem (Please describe: _____)
Alternative and complementary therapies
Prescription drugs
Over the counter or non prescription drugs including herbal remedies
Medical or laboratory tests and x-rays
Support groups
Accessing health services
Location of health services
Other: (Please provide a write-in box for this response)

4. Who is the information for? (Allow 1 response)

Information for...

Myself
Family member (2nd pull down box for this option : my child, my parent, my spouse/partner)

A friend
A patient or individual in my care
Other – please provide a write-in box for “other”

5. Are you aware of the BC HealthGuide Handbook, a book that was mailed to all BC households by the Ministry of Health Services? (Allow 1 response)

Aware of Handbook?

Yes
No

- 5a. If Q5 is YES, then ask: Have you used the BC HealthGuide Handbook in the last six months? (Allow 1 response)

Use of Handbook?

Yes
No

6. Are you aware of the BC NurseLine, a toll-free telephone line that you can call and speak to a registered nurse or pharmacist for health information and advice? (Allow 1 response)

Aware of NurseLine?

Yes
No

6a. If Q6 is YES, then ask: Have you called the BC NurseLine in the last six months? (Allow 1 response)

Use of NurseLine?

Yes
No

7. Are you aware of the BC HealthFiles, a series of one-page fact sheets on health and safety issues that are regularly updated with the latest BC health advice? (Allow 1 response)

Aware of HealthFiles?

Yes
No

7a. If Q7 is YES, then ask: Have you used the BC HealthFiles in the last six months? (Allow 1 response)

Use of HealthFiles?

Yes
No

8. Prior to visiting BC HealthGuide OnLine today, were you planning to visit a doctor or emergency room for treatment of a particular symptom or condition? (Allow 1 response)

Visit to Doctor?

Yes
No
Maybe

Visit to Emergency Room?

Yes
No
Maybe

9. Having viewed BC HealthGuide OnLine , are you now planning on (Allow 1 response)

Visiting a Doctor?

Yes
No
Maybe

Visiting the Emergency Room?

Yes
No
Maybe

10. Did you consult other sources of health information before visiting BC HealthGuide OnLine? (Allow 1 response)

Consult other sources of health information first?

Yes

No

10a. If answer Yes to 10, display pull down boxes – choose all that apply

NOTE: The 3 shaded boxes should lay out horizontally across the screen with their associated pull-down menus vertical underneath (allow multiple responses)

Print

BC HealthGuide Handbook

BC HealthFiles

Other (Please specify) _____

People

BC NurseLine

Family Doctor

Nurse

Pharmacist

Naturopath

Health Food Store Staff

Friends

Family

Librarian

Other (Please specify) _____

Health Information Web Sites

BC Ministry of Health Services

Health Canada

Canadian Health Network

Family Doctor

MEDLINE/PUBMED

Merck Manual

Search engine (e.g., Google)

Other: _____

11. We are interested in learning more about your experience of using the BC HealthGuide OnLine. In answering the questions below, please rate your response on a scale from 1 to 5:
 1 = disagree strongly; 2= disagree; 3 = neutral; 4 = agree; 5 = agree strongly. (Allow 1 response per question)

| Rating of Site | Rating Scale Displayed (1 – 5) |
|--|--------------------------------|
| The information I was looking for was: | |
| Easy to find | 1 2 3 4 5 |
| Clear and easy to understand | 1 2 3 4 5 |
| The pages downloaded quickly | 1 2 3 4 5 |
| I liked the design of the Web site | 1 2 3 4 5 |
| Overall, I was satisfied with the Web site | 1 2 3 4 5 |

12. Are you... (Allow 1 response)

Sex
 Female
 Male
 Other

13. What is your age group? (Allow 1 response)

Age Ranges
 Under 10
 10 – 14
 15 – 19
 20 - 24
 25 – 29
 30 – 34
 35 – 39
 40 – 44
 45 – 49
 50 – 54
 55 - 59
 60 – 64
 65 – 69
 70 – 74
 75 plus

14. What is the highest level of education that you have attained? (Allow 1 response)

Education levels...
 Less than Grade 9
 Some high school
 High school graduate
 Some community college
 Completed community college
 Some university

Completed university
Other education or training

15. Do you have children under 19 living in your household? (Allow 1 response)

Children under 19?

Yes

No

If yes, please indicate the number of children by age. (Allow multiple responses)

| Age Ranges | Number of Children |
|--------------------|--------------------|
| Less than one year | |
| 1 - 4 | |
| 5 - 8 | |
| 9 - 12 | |
| 13 - 16 | |
| 17 - 19 | |

16. What is your six digit postal code? _____

17. What is your approximate total household income before taxes?
Your household includes all members of your family living with you (Allow 1 response)

| Household income |
|---------------------|
| Under \$10,000 |
| \$10,000 - \$20,000 |
| \$20,000 - \$30,000 |
| \$30,000 - \$50,000 |
| \$50,000 - \$70,000 |
| \$70,000 - \$90,000 |
| \$90,000 or more |
| Don't know |

12. What language do you speak most often at home? (Allow 1 response)

| Languages |
|------------------------|
| English |
| French |
| First Nations Language |
| Chinese |
| Punjabi |
| Italian |
| Greek |
| German |
| Other (Specify) _____ |

13. In general, would you say your health is:

Excellent
Very good
Good

Fair
Poor

14. Are you a practicing physician, nurse or other health professional?

Yes
No

15. From what location do you most often use the Internet

Internet café
Home
School
Community centre
A friend's house
Work
Library
Other (Specify)

16. How can BC HealthGuide OnLine be improved? (Include open-ended response box).

Thank you for your feedback.