

March 2017

## **Survey on Online Health Information Seeking among Patients Attending a Primary Care Clinic in Hong Kong**

Dear Patients,

I am Dr David Wong at the University Health Service, University of Hong Kong. I am conducting a research project on the online health information seeking behavior of patients and would like to invite you to participate. The aim of the study is to understand the extent and factors affecting patients using the Internet to find health-related information.

You are invited to fill in the attached questionnaire, which should take less than 10 minutes to complete. The survey is strictly anonymous and no personal identifiers will be collected. All information obtained will be used for research purposes only. This survey involves minimal risk to you. You will not receive any monetary remuneration in completing the survey, but your response will provide valuable insights for the study of online health information seeking behavior. Your participation is entirely voluntary and this will not affect the quality of care you received at our clinic. You may refuse to participate without any negative consequence.

If you have any questions about the research, please feel free to contact me at 3917 2502 or dkkw@hku.hk. This study was approved by the Human Research Ethics Committee (HREC), University of Hong Kong (Ref: EA1702020). If you have questions or concerns about your rights as a research participant, please contact HREC at 2241 5267.

**The completion of this survey implies your consent to participate.** If you choose to participate, please complete the attached survey and return it to the collection box or to one of our clinic staff. Your help is very much appreciated.

Yours sincerely,

Dr David K K Wong  
University Health Service  
The University of Hong Kong

Survey Starts on Next Page 

# Survey on Online Health Information Seeking

We would like to ask for your opinion and your experience of using the Internet for health-related information. There are no right or wrong answers, choose an answer that suits you the most.

Please check the appropriate answers, or write your answers in the spaces provided:

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Can you tell us some basic information about yourself?

1	<b>Age</b>	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> ≥65
2	<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
3	<b>Education Level</b>	<input type="checkbox"/> Primary or below	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Post-graduate		
4	<b>Occupation</b>	<input type="checkbox"/> Managers/ Executives/ Officials	<input type="checkbox"/> Professionals/ Academic staff				
		<input type="checkbox"/> Technicians/ Associate professionals	<input type="checkbox"/> Clerical/ Office workers				
		<input type="checkbox"/> Services/ Sales workers	<input type="checkbox"/> Craft and related trades workers				
		<input type="checkbox"/> Plant and machine operators/ Assemblers	<input type="checkbox"/> Other workers/ Labourers				
		<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired / Unemployed			
		<input type="checkbox"/> Others (please specify):	<input type="text"/>				
5	<b>In general, would you say your health is...</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
6	<b>Do you have any chronic medical condition?</b> (that require regular follow up or treatment)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	<b>Do you use the Internet?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
							<b>Thank you, this is the end of survey</b>
8	<b>Do you mostly access Internet using...</b> <i>(Please check all that apply)</i>						
		<input type="checkbox"/> Desktop computer	<input type="checkbox"/> Laptop computer	<input type="checkbox"/> Tablet	<input type="checkbox"/> Smartphone		
9	<b>How often do you use Internet?</b>			<input type="checkbox"/> Once a month or less	<input type="checkbox"/> Once a week		
		<input type="checkbox"/> Several times a week	<input type="checkbox"/> Every day	<input type="checkbox"/> Several times a day			
10	<b>On average, how many hours do you use Internet per day?</b>						
		<input type="checkbox"/> Less than 1hour	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 2-3 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> More than 4 hours	
11	<b>Do you use any wearable health monitoring devices or smartphone apps?</b> (e.g. pedometer/ heart rate monitor/ smart bracelet/ smart watch)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12	<b>Have you ever used Internet to find health-related information?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
							<b>Thank you, this is the end of survey</b>

- 13 **How often do you use Internet to find health information?**
- Once a year or less     Every few months     Once a month     Several times a month
- Once a week     Several times a week     Every day
- 
- 14 **Did you find the health information for...** *(Please check all that apply)*
- Myself     Family members     Friends or Co-workers
- 
- 15 **Which tool did you use to look for health information online?** *(Please check all that apply)*
- Desktop computer     Laptop computer     Tablet     Smartphone
- 
- 16 **What kind of health information have you ever found online?** *(Please check all that apply)*
- Symptom     Disease/ Condition     Service info (e.g. doctor, hospital)
- Medication     Test/ Investigation     Treatment and procedure
- Chinese medicine     Alternative medicine     Vitamins and supplements
- Health insurance     Healthy behaviors (e.g. diet, exercise, quit smoking)
- Others (please specify):
- 
- 17 **Why did you find health information online?** *(Please check all that apply)*
- Noticing new symptoms or change in my health (Am I ill?)
- Finding/ selecting a doctor or healthcare facility
- Preparing for a doctor's consultation/ to discuss it with my doctor
- Being diagnosed with a new medical condition
- Being prescribed with a new medication, test, or treatment
- Having doubts about information given by my doctor
- Dealing with an ongoing medical condition (e.g. diabetes, high blood pressure)
- Deciding to change my behaviors/ daily routine (e.g. diet, exercise, quit smoking)
- Hearing or seeing something in the news that you wanted to learn more about
- For knowledge or curiosity
- Others (please specify):
- 
- 18 **On which websites did you find the health information?** *(Please check all that apply)*
- University     Online encyclopedia (e.g. Wikipedia)
- Government     Q&A site (e.g. Yahoo! Answers, Baidu Knows)
- Hospital/ clinic     Internet forum/ message board
- Non-profit organization     Social media (e.g. Facebook, Twitter)
- Commercial site (e.g. drug/ formula milk/ personal care products manufacturer)     Health portal/ medical encyclopedia (e.g. MIMS, PubMed, MedlinePlus, WebMD)
- News site     Video-sharing site (e.g. YouTube)
- Blog     Others (please specify):

19 **Why did you choose those websites to find the health information?** *(Please check all that apply)*

- Recommended by professionals (e.g. healthcare professionals, dietitians)
  Easy to understand
  Usual habit  
 Recommended by family or friends
  I think it's trustworthy
  Convenience  
 Top results from search engines
  Others (please specify):

20 **Did you ever ask or discuss with your doctors about the health information found online?**  Yes

No

Please go to  
Question 25

21 **Did you ever share with your doctors health information found online?**  Yes  No  
(e.g. by email/ print-out/ photos or screenshot on smartphone)

22 **Did you ever ask or discuss with your doctors about specific disease or diagnosis because of the health information found online?**  Yes  No

23 **Did you ever ask or discuss with your doctors about specific treatment, tests or referral because of the health information found online?**  Yes  No

24 **Were your doctors interested in hearing about the health information you found online?**

- Very interested
  Quite interested
  Slightly interested
  Not at all interested  
 Don't know/ Can't remember

25 **For the following statements, please check the responses that best reflect your opinion and experience now.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
(a) I know <b>what</b> health resources are available on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I know <b>where</b> to find helpful health resources on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I know <b>how</b> to find helpful health resources on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I know <b>how to use</b> the Internet to answer my questions about health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) I know how to use <b>the health information</b> I find on the Internet to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I have the skills I need to <b>evaluate</b> the health resources I find on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) I can tell <b>high quality</b> health resources from <b>low quality</b> health resources on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I feel <b>confident</b> in using information from the Internet to make health decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This is the end of survey. Thank you very much for your participation!**