

For Office Use ONLY:

Staff Initials

TS Date

DE Date

Participant ID: _____

Time 1 BASELINE

IRB #04-1362-E 01

Computer/Internet Experience and Skills Questionnaire for: Internet Diabetes Trial at Harborview (IDT-H)

Please check the box that gives the best answer for you.

COMPUTERS

1. How often do you use desktop or laptop computers?

- ₁ Never used a computer
- ₂ A few times a month or less
- ₃ Once a week
- ₄ Every day or two
- ₅ Several times a day

2. Do you have regular access to a computer? (If you answer NO to this question, go to question 3.)

- ₁ Yes
- ₂ No

2a. Where do you have regular access to a computer? (Please check all that apply)

- ₁ No computer access
- ₂ Work
- ₃ Home
- ₄ Work and home
- ₅ Library
- ₆ Community center

3. Have you ever used a computer mouse?

- ₁ Yes
- ₂ No
- ₃ Don't know

4. How would you rate your current computer skills?

Very poor
₁

Poor
₂

Fair
₃

Good
₄

Very Good
₅

Please indicate how much you agree or disagree with the following statements. (Please skip to question 5 if you answered “None” or “Beginner” for question 3.)

5. I am very confident with my computer skills.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

6. I am very confident that I can learn how to use computers.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

7. I am very confident that I can improve my computer skills.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

8. I am very confident that I can improve my diabetes care by using a computer.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

INTERNET

9. How often do you use the Internet / World Wide Web?

₁ Never used the internet/web

₂ A few times a month or less

₃ Once a week

₄ Every day or two

₅ Several times a day

10. How would you rate your current Internet or Web skills?

Very poor
₁

Poor
₂

Fair
₃

Good
₄

Very Good
₅

11. How much do you use the Internet to shop?

Not at all
₁

Very little
₂

Some
₃

A fair amount
₄

A lot
₅

12. How much do you use the Internet to pay bills?

Not at all
₁

Very little
₂

Some
₃

A fair amount
₄

A lot
₅

13. How much do you use the Internet to get information on health?

Not at all
₁

Very little
₂

Some
₃

A fair amount
₄

A lot
₅

14. How much do you use the Internet to get information on diabetes?

Not at all
₁

Very little
₂

Some
₃

A fair amount
₄

A lot
₅

Please indicate how much you agree or disagree with the following statements.

15. I am very confident with my abilities to use the Internet or Web.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

16. I am very confident with my abilities to search the Internet or Web for health information.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

17. I am very confident about the accuracy of the health information I find on the Internet.

Strongly disagree
₁

Disagree
₂

Unsure
₃

Agree
₄

Strongly agree
₅

E-MAIL

18. How often do you use e-mail?

- ₁ Never used e-mail
- ₂ A few times a month or less
- ₃ Once a week
- ₄ Every day or two
- ₅ Several times a day

19. How would you rate your current e-mail skills?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very poor | Poor | Fair | Good | Very Good |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Please indicate how much you agree or disagree with the following statements.

20. I am very confident with my abilities to use e-mail.

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |