

Patient Digital Device and Internet Access Assessment

This assessment will be used to better understand your ability to access and use technology for virtual care and to remotely communicate with your care team. We will assess your access to internet, digital devices, and your skill level when it comes to using the internet and digital devices.

Please answer each question on this assessment to the best of your ability.

Access to the Internet

Question	Answer
1. Do you have access to the internet (Wi-Fi or cellular data plan)?	Select one: <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> I don't know
2. If you do not have access to the internet, why is that?	Select all that apply: <ul style="list-style-type: none"><input type="radio"/> I cannot afford it<input type="radio"/> Service is poor in my area<input type="radio"/> I don't need internet at home<input type="radio"/> N/A<input type="radio"/> Other reason:
3. If you do have access to the internet, what type of internet do you have?	Select all that apply: <ul style="list-style-type: none"><input type="radio"/> Cellular/Mobile data plan<input type="radio"/> High-speed internet connection<input type="radio"/> Dial up<input type="radio"/> I don't know

4. How reliable is your internet?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Great, fast, stays on <input type="radio"/> Average speed, sometimes turns off <input type="radio"/> Poor, very slow, turns off a lot <input type="radio"/> N/A, I don't have internet
5. Do you have concerns about the cost of connecting to the internet? ¹	Select one: <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes. Please explain:
6. Are you interested in being enrolled into a discounted Wi-Fi program?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

Access to Digital Devices

Question	Answer
1. What device do you have that can connect to the internet? ²	Select one: <ul style="list-style-type: none"> <input type="radio"/> Phone or Tablet <input type="radio"/> Computer (PC or laptop) <input type="radio"/> I don't have a device, but I have access to a public computer (e.g., library, community center, etc.) <input type="radio"/> I do not have access to a device to connect to the internet
2. If you do not have a device that can connect to the internet, why is that?	Select all that apply: <ul style="list-style-type: none"> <input type="radio"/> I cannot afford it <input type="radio"/> Service is poor in my area <input type="radio"/> I have a landline phone or a flip phone and prefer to use that <input type="radio"/> Other reason:

¹ <https://www.careinnovations.org/wp-content/uploads/UCSF-CVP-Questions-to-Screen-Patient-Digital-Needs.pdf>

² <https://hiteqcenter.org/About/The-Triple-Aim/bridging-the-digital-divide>

3. If you do have a device that connects to the internet, is it a private device or shared with others (e.g., house members)?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Private, only I use it <input type="radio"/> A shared device
4. Do you have a device with a front-facing camera?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
5. Are you interested in being enrolled into a program that provides discounted and/or free smart phones, laptops, etc.?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

Digital Literacy Skills Assessment

What is Digital Literacy?

Digital literacy is the ability to navigate various digital platforms and understand, assess and communicate through them.³

Question	Answer
1. Do you feel confident using the internet? ⁴	Select one: <ul style="list-style-type: none"> <input type="radio"/> Extremely confident <input type="radio"/> Confident <input type="radio"/> Not very confident <input type="radio"/> Not confident at all
2. If you aren't confident in using the internet, would you be interested in participating in a free digital literacy class or training to become more confident?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
3. Do you know how to search and find a digital literacy class?	Select one: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No, but I have a family member or friend that can help <input type="radio"/> No, I need help finding a class

³ <https://study.com/academy/lesson/what-is-digital-literacy-definition-example.html>

⁴ https://www.digitalinclusion.org/wp-content/uploads/dlm_uploads/2021/02/NDIA_Skills-Assessment.pdf

4. Do you use the internet to connect with family and friends?

Select one:

- Yes
- Sometimes
- No. Please explain why:

5. Do you know how to use the Google search website?

Select one:

- Yes
- No

6. Do you know how to keep your information safe and secure online?

Select one:

- Yes
- No

7. Would you be interested in enrolling in an online course to learn how to keep your information safe and secure online?

Select one:

- Yes
- No

8. How frequently do you check your email?

Select one:

- Several times a day
- Once a day
- A couple times a week
- Can't remember
- I don't have an email address. Please explain why:

9. Are you comfortable sending and receiving emails?

Select one:

- Yes
- Somewhat
- N/A
- No. Please explain why:

10. Are you comfortable sending and receiving text messages?

Circle one:

- Yes
- Somewhat
- N/A
- No. Please explain why:

11. Do you use the internet to access your health information via a patient portal?

Select one:

- Yes
- Sometimes
- No. Please explain why:

12 Do you use the patient portal to send messages to your provider?

Select one:

- Yes
- Sometimes
- No. Please explain why:

13. Do you feel confident using the internet to participate in telehealth visits?

Select one:

- Extremely confident
- Confident
- Not very confident. Please explain why:

- Not confident at all. Please explain why: