PGHC PHYSICIANS’ INTERNET AND PDA USE SURVEY:
SECTION 1: INTERNET USE.

1. Do you use the Internet?
   a. YES ☐
   b. NO ☐………..If NO, please go to the SECTION 2 (Question #13)

2. Where do you use Internet? Please estimate your usage.
   a. Home ________%
   b. Hospital or Office ________%
   c. Other ________%

3. How do you access the Internet? Please estimate from where you access it.
   a. Desktop ________%
   b. Mobile computer_______%
   c. Handheld device ________%
   d. Phone/PDA hybrid ______%

4. How often do you access the Internet? Please estimate the number of times
   a. Daily _______times
   b. Weekly _______times
   c. Monthly _______times

5. How many hours do you spend surfing the Web?
   a. Daily ______hrs
   b. Weekly ______hrs
   c. Monthly ______hrs

6. Please estimate the distribution of the time spend on the Internet :
   a. Personal information ________% (includes e-mail)
   b. Patient’s clinical information ________% (laboratory, tests results)
   c. General scientific information ________% (Medical knowledge)
   d. Specific patient management ________% (Individual questions)
   e. Others ________%

7. What are your favorite Web sites for GENERAL medical, scientific information:
   a. ___________________________
   b. ___________________________
   c. ___________________________
   d. ___________________________
   e. ___________________________

8. Mention the Web sites you use for SPECIFIC questions related to patient management:
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________
   e. ____________________________
9. Mention the Evidence-Based Medicine resources you know or use.
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________
   e. ____________________________

10. Would you like training on the use of Internet for medical applications?
    a. YES  □ .....If Yes, please go to question # 11
    b. NO   □ .....If No, explain reason(s)……………………………………..................

11. If YES, please specify your level of interest:
    □5 I prefer it now
    □4 As soon as possible
    □3 Within six months
    □2 Sometime during the year
    □1 Next year

12. Please check your specific area(s) of interest
    a. Medical knowledge resources
    b. Tools for clinical practice
    c. Evidence-Based Medicine resources
    d. Web pages design
    e. Other applications:______________________________
13. Do you own a personal digital assistant (PDA)?
   a. YES □
   b. NO □………………if NO, please answer Question # 14 only

14. If NO, are you planning to buy one in the near future?
   a. YES □
   b. NO □
   c. Don’t Know □

15. What type of PDA do you use?
   a. _________________________Model___________________

16. Is your PDA wireless enabled? (Bluetooth, Wi-Fi, etc)
   a. YES □
   b. NO □

17. How long have you had your PDA?
   a. _________Weeks
   b. _________Months
   c. _________Years

18. How did you learn to use your PDA? (Check all that apply)
   a. □ Self Taught
   b. □ Peers
   c. □ PDA manual
   d. □ Institutional training
   e. □ Internet guides
   f. □ Others_____________________
   g. □ I don’t know how to use it yet

19. How often do you use your PDA?
   a. □ #_______ times per day
   b. □ #_______ times per week
   c. □ #_______ times per month
   d. □ I rarely use it
   e. □ It’s still in the box
20. Please estimate how you use your PDA:
(Please include the name of the software, applications on the right side)

a. Date book – Schedules _________%
b. Address book _________%
c. Calculator _________%
d. Pharmacopeias _________% ____________________________
e. Medical references _________% ____________________________
f. Text processing _________% ____________________________
g. Clinical tools _________% ____________________________
h. Patients’ tracking _________% ____________________________
i. E- mail or Internet _________% ____________________________
j. Other programs _________% ____________________________

21. Would you like training on the medical uses of PDAs?
   a. YES ☐…… If Yes, please go to question # 22
   b. NO ☐…… If No, please explain reason(s)……………………………………………………………

22. If YES, please specify your level of interest:
   ☐ 5 I prefer it now
   ☐ 4 As soon as possible
   ☐ 3 Within six months
   ☐ 2 Sometime during the year
   ☐ 1 Next year

NAME: ………………………………………………………………………

E-Mail: ………………………………………………………………………