

Socio-demographics items:

1) Are you male or female? ₁ Male ₂ Female

2) What is your ethnic group? (please tick one box only)

₁ White

₂ Mixed

₃ Asian or Asian British

₄ Black or Black British

₅ Any other ethnic group
(please describe)

3) How old are you?

₁ 18-29yrs

₂ 30-44yrs

₃ 45-59yrs

₄ 60-74yrs

₅ 75+yrs

4) Which one of these best describes your current situation? (please tick one box only)

₁ Full-time paid work
(30 hours or more each week)

₂ Part-time paid work
(under 30 hours each week)

₃ Full-time education at school, college
or university

₄ Unemployed

₅ Unable to work due to long term illness/disability

₆ Fully retired from work

₇ Looking after the home

₈ Doing something else
(please describe)

5) Which of these qualifications do you have? (please tick all the qualifications that apply, or if not specified, tick the nearest equivalent)

₁ O levels, CSEs, GCSEs , O grades,
or Standard grades

₅ NVQ Levels 1-3/GNVQ

₂ A levels, AS levels, Higher School Certificate or Highers (Scotland)

₆ NVQ levels 4-5, HNC, HND

₃ Degree or higher degree

₇ Other qualifications (for example City and Guilds, RSA/OCR, BTEC/Edexcel)

₄ No qualifications

6) How do you and your household occupy your accommodation? (please tick one box)

₁ Own it outright

₂ Buying it with the help of a mortgage or loan

₃ Pay part rent and part mortgage (shared ownership)

₄ Rent it

₅ Live rent free (including rent free in relative's/friend's property; excluding squatting)

₆ Squatting

Access Difficulties:

Service Delivery items:

1) Sometimes people find it hard to get the health support and advice they would like. Have you had any difficulty with the following?

	No Difficulty	Some Difficulty	Lots of Difficulty
a. Making appointments for days and times that suit you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Making appointments with the particular health professionals that you want to see	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Having to wait past your appointment time to be seen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Getting care and support at the times when you feel you need it most	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Getting the <u>amount</u> of care and support you feel you need from health professionals (for example, having long enough appointments and being able to see them often enough)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Getting the quality of care you want from health professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Getting enough information about your health and the services available to support you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Physical Access items:

1) Sometimes people find it hard to get the health support and advice they would like. Have you had any difficulty with the following?	No Difficulty	Some Difficulty	Lots of Difficulty
a. Getting to appointments outside of your home, due to your <u>physical health</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Getting to appointments outside of your home, due to <u>psychological or emotional difficulties</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Getting to appointments outside of your home, due to <u>difficulties with transport and travel</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Cost of transport and travel to get to appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Technology-related Factors:

Technology Availability items (Phone (items a-b), Email/Internet (items c-d)):

1) Do you have any of the following <u>easily available</u> for you to use? (For example, at home, at work or at the home of friends or family members) Please tick all boxes that apply			
a. A telephone (landline)	<input type="checkbox"/> ₁	c. Internet access	<input type="checkbox"/> ₃
b. A mobile phone	<input type="checkbox"/> ₂	d. A personal e-mail address	<input type="checkbox"/> ₄

Technology Confidence items (Phone Confidence (items a-c),

Email/Internet Confidence (items d-f), Social Media Confidence (items g-i)):

2) How <u>confident</u> do you feel about doing the following?	Not at all confident	Quite Confident	Extremely confident	I have never tried this	I don't know what this is
a. Using a telephone (landline)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Using a mobile phone for phone calls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Using a mobile phone to send and receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
d. Using a computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

e. Sending and receiving e-mails	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃		<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
f. Finding out information using the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃		<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
g. Using a 'chat room' on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃		<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
h. Using social networking sites on the internet, for example 'Facebook'	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃		<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
i. Using 'live messaging' online, for example 'Windows Live Messenger'	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃		<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

Telehealth Advantages & Disadvantages items:

3) How much do you agree or disagree with the following possible <u>advantages</u>:						
	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	
a. Getting support in this way would help me to feel more independent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
b. I would like being able to choose to get support at times that are best for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
c. I would like being able to get support in my own home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
d. It would make me feel special to be getting 'extra' support in this way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
e. I would find it reassuring to be able to get support when I feel that I need it most	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
f. I could save money by not having to travel to appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
g. Getting support with my health by phone or computer would be valuable to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
4) How much do you agree or disagree with the following possible <u>disadvantages</u>:						
	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	
a. I would worry about relying too much on the technology	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
b. I would dislike being unable to see the person face-to-face	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
c. I would not want to discuss sensitive issues over the phone or using a computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
d. I would be concerned about the security of the information that I give	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
e. Getting support in this way would make me feel anxious about my health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

f. I would worry about the possibility of the equipment not working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I would dislike speaking to someone other than a doctor about my health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Past Telehealth Satisfaction item:

1) Thinking about the times when you have used NHS Direct services in the past, overall how <u>satisfied</u> have you been with the advice and support they have provided?					
Not at all	A little bit	Moderately	Quite a bit	Extremely	
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

Interest in using Telehealth items (Phone-based (items a-c), Email/Internet-based (items d-f), Social Media-based (items g-i)):

1) How strongly would you be <u>interested</u> in using the following to get support with your health from					
	Very interested	Fairly interested	Not at all interested	I don't know what this is	
a. Using a telephone (landline)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
b. Using a mobile phone for phone calls	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
c. Using a mobile phone to send and receive text messages	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
d. Using a computer	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
e. Sending and receiving e-mails	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
f. Finding out information using the internet	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
g. Using a 'chat room' on the internet	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
h. Using social networking sites on the internet, for example 'Facebook'	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
i. Using 'live messaging' online, for example 'Windows Live Messenger'	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	