

PERSONAL HEALTH RECORD:
IS IT A REALISTIC EXPECTATION?

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Submitted to the faculty of the School of Informatics
in partial fulfillment of the requirements
for the degree of
Master of Science in Health Informatics,
Indiana University

May 2009

Accepted by the Faculty of Indiana University,
in partial fulfillment of the requirements for the degree of Master of Science
in Health Informatics

**Master's Thesis
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Dedicated to my husband, Robert M. Kelso

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ACKNOWLEDGEMENTS

A sincere wish of gratitude goes to all who have supported me through these years of study.

ABSTRACT

Loya Kelso

PERSONAL HEALTH RECORD: IS IT A REALISTIC EXPECTATION?

A personal health record (PHR) provides an avenue for patients to track their personal health information, such as doctors' visits, medications, allergies, lab results, surgeries, etc. This allows patients to provide a complete and accurate health profile to their health care professionals, which should improve diagnoses and patient outcomes. But this benefit can be realized only if individuals are willing to create accurate PHRs. A survey was delivered to participants (N = 124) to determine the likelihood that they would complete a PHR and, if so, what measures they would take to complete it accurately. Would they prefer an electronic or paper format? Is there a profile related to demographics and health beliefs of those who are likely, versus those who are unlikely, to create a PHR?

The results show that slightly more than half of the participants are likely to complete a PHR, and over 90% plan to take measures to ensure their PHR's accuracy. Half said that they prefer to have a paper version of the PHR, and an additional 10% said they want both an electronic and paper copy. This pilot study found no relationship between demographics and the likelihood of completing a PHR, but did find a relationship with the health belief of self-efficacy at an alpha of 0.001. Though limited in scope, the study shows some important challenges that need to be addressed before consumers can adopt PHRs widely.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

Introduction

Health Care Providers (HCPs) want to provide the best care possible to every patient they see. But the quality of care is limited by the extent to which providers have access to their patients' complete medical profile. In the past this was not an issue, because patients visited one HCP who provided health care or coordinated meeting their healthcare needs for their entire life. Often that same HCP treated the patient's parents and siblings, thus HCPs had access to their patients' family medical history. Health information was centralized and provided HCPs with their patients' entire medical profile. This is no longer the case in the US, for three primary reasons. The first is that patients often see specialists, and therefore visit several HCPs, and even different facilities, to meet their healthcare needs. The second is that we are an increasingly mobile society, where people move around and don't see the same HCP for their entire life, or the same one that treated their parents. The third is that patients might need to select a new provider in their network when they change insurance companies, or when their current provider leaves the network. The result is decentralized patient health information for HCPs and lessened continuity of care for patients.

One potential solution to centralized patient information is a personal health record (PHR). PHRs provide an avenue for patients to track their personal health information, such as doctor's visits, medications, allergies, lab results, and

surgeries. In addition, PHRs allow patients to track their family history, insurance, medical directives, and vision and dental information.

HCPs' current method of obtaining complete patient information is to ask their patients to provide all their medical information on a patient intake form during the initial visit. With this information HCPs attempt to make health-enhancing medical decisions for their patients. Patients usually must complete this patient intake form while waiting to see their HCP, often when they are not feeling well; and the information on the form is based on the patient's memory at that time.

In contrast, patients can complete a PHR in their home while they are well and unrushed, thus taking the time they need to find, rather than guess or rely on memory for, the information they don't readily know, such as family medical history or medication dosage. This can be especially advantageous for the elderly because, in general, as we age, we become progressively less healthy, take more prescription medications, and suffer a reduction in short-term memory.

In addition, patients can use their PHR during follow-up visits to update their HCP with any new information, such as new or discontinued medications or visits at other institutions or specialists. Not only does this provide HCPs with more accurate information than they have now, and their patients with the potential for better care than is currently available; it also gets patients involved in their own health care. Involved patients can ensure that their health care records are accurate, and avoid unnecessary or repetitive tests (ihealthbeat.org, 2007). In addition, involved patients are more compliant in their treatment regimens than uninvolved patients are.

Four primary questions surround PHRs. First, if asked, will people say that they plan to complete a PHR for themselves, or a loved one? Second, if they say that they plan to complete a PHR, will they take steps to complete it accurately? For example, do they plan to complete the PHR from memory, or contact past and present HCPs? Do the patients plan to refer to their paper records, or will they just guess? Third, will they prefer an electronic or paper version? Fourth, what are the beliefs of the people who do and do not complete a PHR? Knowing the answers to questions such as these can help estimate/predict the accuracy that HCPs can expect in a patient-created PHR. It also might help the medical community form strategies that will entice patients to want to keep an accurate PHR for themselves or their loved ones.

Study's Significance

The objective of this observational study was to ascertain the likelihood that people would complete a PHR and to find the level of effort people believe they will make to create an accurate PHR. The researcher examined personal beliefs and collected limited demographic information to create a profile of people who create a PHR.

The study's purpose was not to collect personal health information, but rather to understand both whether and how individuals plan to use their PHR. In fact, the study's participants were not asked to share any part of their personal health information or record with the study's researcher, advisors, or proxies.

Definitions

Electronic Health Record: “An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization” (National Alliance for Health Information Technology, 2008).

Health Care Provider (HCP): Examples of HCPs include physicians, physician's assistants, nurses, and nurse practitioners (CDC, n.d.).

Interoperability: “The ability for systems to exchange data and operate in a coordinated, seamless manner (Shortliffe & Climino, eds., 2006).

Personal Health Record: “An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual” (National Alliance for Health Information Technology, 2008).

American Health Information Management Association (AHIMA): AHIMA is a not-for-profit organization founded in 1928 to improve the quality of medical records. AHIMA is the premier association of health information management (HIM) professionals and has more than 53,000 members. “AHIMA is committed to advancing the HIM profession in an increasingly electronic and global environment through leadership in advocacy, education, certification, and lifelong learning” (AHIMA.org, n.d.).

CHAPTER TWO: LITERATURE REVIEW

Electronic Medical Record

HCPs diagnose patients and create treatment plans based on a patient's symptoms, physical findings, test results, and history. This information is coupled with information about appropriate therapies and the expected outcome for the patient. Some decisions are easy, and others are complex. However, even simple decisions can become complex if an HCP has incomplete or uncertain information (Rouse, D.J., Owen, J., 1998).

Take, for example, a 42-year-old physician, Alex, who died of a myocardial infarction while at a shopping mall with his young son. Earlier in the week, he had complained of epigastric pain, which most likely would have received more attention than it did if Alex's HCP had known that his father had died of a heart attack at age 42 (Garthwaite, 2005). Perhaps this information was on file at one of Alex's other HCPs. A positive outcome might have been possible if Alex had a PHR to remind him to share his family history with his treating HCP.

"As far back as 1991, the Institute of Medicine (IOM) recommended computer based records for patients" (Kohn, et al, 1999). These are electronic medical records (EMR) that are created and maintained by each HCP that a patient visits. They contain personal information such as name; address; insurance; emergency contact; and medical and clinical information such as medicines, allergies, and reasons for visits.

The perceived benefits of an EMR include reductions in errors and costs, and increased productivity (Anderson & Balas, 2006). The most important potential benefit is improved patient outcomes. Errors and costs can be reduced by eliminating the

duplication of lab work, which increases productivity and allows patients to receive treatment quickly because the HCP is not delayed at the diagnostic stage. All of these factors have the potential to improve patients' outcomes.

Despite these perceived benefits, a 2005 study showed the overall EMR adoption rate to be only 14.1% among physician group practices in the United States. Only 11.5% reported that an EMR was fully implemented for all physicians within their group practice. Of those who participated in the study, 12.7% said that their group planned to implement an EMR within the next two years. The same study cited cost as the main barrier to adopting EMRs. Another barrier reported is that physicians are not convinced that an EMR will improve their performance (“Research finds low EHR adoption rates,” 2005). Other reasons for the low adoption rate include complexity of systems, lack of standards that allow for interoperability between clinical systems, patient privacy, and legalities (Anderson, 2007).

In an attempt to overcome these barriers, there are several efforts to create an EMR by many types of organizations, including the government, insurance companies, and not-for-profit entities. One governmental version, called the National Health Information Infrastructure (NHII), is in the conceptual stage. This initiative seeks to create a “comprehensive knowledge-based network of interoperable systems of clinical, public health, and personal health information that would improve decision-making by making health information available when and where it is needed” (Facts about NHII, n.d.). Another governmental version, called VISTA, has been developed for veterans by The Veterans Administration. Insurance companies as a matter of routine processing of insurance claims create patient EMRs. Not-for-profits, such as the Indiana Health

Information Exchange (IHIE), a Regional Health Information Organization (RHIO), connect EMR providers at hospitals in central Indiana .

Although all of these attempts are steps in the right direction, they still do not contain patients' complete medical records. For example, the VA has information only for HCPs who are in the network, and insurance companies have only claims information. The IHIE contains information only for patients who have had hospital stays or outpatient services at participating hospitals in the network.

EMRs' true benefits will be fully realized only when patient data from every step in a patient's continuum of care are accessible to all treating HCPs. Even if all physicians had EMRs, their patients' data remain decentralized if the data are not interoperable with other medical systems.

Though the need is great, EMRs' potential has not been realized thus far. The main reason is that vendors want to be the "first to the finish line," and therefore are leery about sharing trade secrets with other vendors. Other reasons include lack of standards to allow for interoperability and insufficient funds for a swift transition ("Facts about NHII," n.d.). The EHR Workgroup, a subcommittee within the NHII, has been charged with creating standards within the next year for accessing and deploying lab results and interpretations ("Electronic Health Records Workgroup," 2007). However, it may be years before those standards can be implemented, primarily because EMRs are used in different settings, such as hospitals and ambulatory care facilities. The needs of each setting differ, and each setting is divided into sub-groups that often have different needs. For example, hospitals can include rural or specialty hospitals; and within the ambulatory setting are general practitioners, specialists, and single and multi HCP practices.

Because patients' data are not centralized or accessible to each HCP visited by a patient, patients must provide much of the same information each time they seek care from a new HCP. The biggest issue with this model is that it introduces the potential for medical errors if a patient omits pertinent information or provides incorrect information.

This potential for misinformation increases for sick or elderly patients, who most likely have more information than young or healthy patients to recall during their initial assessment with each new HCP. In addition, it is cumbersome for patients to have to repeat this process each time they visit a new HCP.

Personal Health Record

Even if medical providers and systems did share information with each other, there is still some pertinent information that only patients can provide, including exercise habits, vitamins, over-the-counter medications, family history, and personal preferences such as those that might be contained in a living will. Therefore, patients are the only people who can ensure that their medical record is complete and accurate. Involving patients in creating and sharing PHRs potentially generates additional benefits, including:

- Patient empowerment
 - Patients can monitor health data and update their own records, which promotes patients' involvement in their healthcare and increases their compliance.
- Improved patient-provider relationships

- Communication between patients and clinicians is enhanced by documenting each interaction and including test and study results, along with explanations of each.
- Enhanced patient safety
 - Keeping comprehensive health information in one location reduces the chance of conflicting information.
 - Allergies, medications, and care plans in a PHR are available to each provider. This allows for medical reconciliation between patients and each of their HCPs.
- Health information privacy
 - "By giving patients control of access to their records, PHRs offer more selectivity in sharing of personal health information" (Endsley et al, 2006, p. 60).
- Costs are reduced by the reduction in the duplication of tests or other services.
- The PHR is owned by the patient, whereas the medical record is not.

Alex, the 42-year-old physician who died of a myocardial infarction, is a perfect example of a situation in which a PHR could have improved the patient's outcome. If he had maintained a PHR for himself and shared it with his HCPs, they would have had his family medical history and known that Alex's father had died of a myocardial infarction at age 42. This family history, combined with his epigastric pain, most likely would have resulted in the ordering of tests such as an EKG or cardiac profile. The test could have provided an opportunity for a correct diagnosis and treatment plan.

Just as there are multiple models for an EMR, so there are for a PHR. The most basic model is to keep a PHR on paper, either on a self-created form or a free form such as the one that the AHIMA provides at myPHR.com. Electronic versions include self-created files, forms provided on a flash or jump drive by managed care providers or insurance companies, and internet sites (Lohr, 2007) such as ihealthrecord.org that are password protected and shareable by the PHR's owner (Kupchunas, 2007).

An online survey conducted in 2004 by Harris Interactive found that 42% of nearly 2,500 participating adults stated that they kept PHRs, the vast majority (86%) of which are paper records kept in a file or drawer. Experts believe that paper records most likely are a collection of insurance paperwork and the superbill that a patient receives upon checkout from a health care facility or practice. Only 13% of those who kept records did so electronically. Among those who were not keeping a PHR, 40% said that they were likely to start an electronic personal health record, 39% were not very likely, and 20% were not at all likely. Two-thirds of those surveyed said they had concerns about privacy and/or security (Harris Interactive, 2004).

Beliefs

The creation of a PHR by individuals can be viewed as a positive health behavior. Psychologists have long been trying to understand why some people are more likely than others to adopt healthy behaviors, such as smoking cessation and reducing excessive drinking (Rodin & Salovey, 1989). For several decades, many researchers have used a tool called the Multidimensional Health Locus of Control Scales Form B (MHLC). This tool, developed in 1978, measures the belief, called locus of control, that a person feels he has over his health. The tool includes three independent Health Locus of Control (HLC) dimensions: (1) internal, (2) powerful others, and (3) chance. Internal HLC means that the person feels that he can control his own health. Powerful Others HLC means that a person feels that powerful others, such as doctors, control his health. Chance HLC means that the person believes that his health is left to chance, and that he believes that neither he or anyone else can do anything to control his health (Wallston, 1978 & 1992).

The MHLC scale is the most widely used tool to measure HLC (Wallston 1992). Researchers have focused on the internal HLC dimension because they thought that if a person believes that he can control his health, he will be likely to participate in healthy behaviors (Norman, 1994), such as completing a PHR. Some studies have shown that to be true but, overall, the relationship between Internal MHLC and healthy behavior is weak (Norman, 1995 & Wallston, 1992).

The MHLC scale is grounded in Rotter's Social Learning Theory, which states that individuals' behaviors are based on their expectancy that their behavior will lead to a valued reinforcement. Because healthy behaviors should lead to good health, a person

will not be driven toward the (healthy) behavior unless he values health highly (health value) (Wallston, 2005). For example, a person will not be driven to create a PHR unless he values health.

Researchers also have found that how a person decides upon a certain health behavior cannot be generalized to that person's other health behaviors. For example, a person who values health might exercise regularly, but still not complete a PHR. The reason is that he sees a connection (perceived instrumentality) between health and exercise, but not between health and a PHR (Norman, 1995). And finally, an individual must believe that he can carry out the behavior (self-efficacy) before he will attempt the behavior (Bandura, 1977 and 1982), such as completing a PHR.

Many studies have linked healthy behaviors to (1) internal HLC, (2) health value, and (3) perceived instrumentality. Few studies have been done to determine whether there is also a link between healthy behavior and self-efficacy (Wallston, 2005).

Research Questions

This exploratory study will answer the following questions:

1. Is it realistic to expect individuals to create PHRs?
2. What level of accuracy can be expected in a PHR?
3. Is there a preference between paper and electronic PHRs?
4. What is the profile (demographics and beliefs) of individuals who are most and least likely to create a PHR? Harris Interactive conducted a similar study, but the data were limited to demographics and the audience to online users (Harris Interactive, 2004).

CHAPTER THREE: METHODOLOGY

Participants

A convenience sample of 124 was gleaned from formal groups such as students, church members, co-workers, or book club colleagues, and informal groups such as neighbors and families, within Indiana. The researcher or an identified proxy worked with each group. The researcher used Appendix A as a checklist to communicate with the proxy about the PHR and the Study Survey. This checklist includes information such as general information about the study and about how to distribute and return the survey. The researcher attempted to use diverse participants by identifying proxies from different locations, age groups, and ethnic and educational backgrounds, who had access to various groups.

Treatment

The proxies were provided a checklist (Appendix B) of information to share with the participants when distributing the PHR packet to their group. This checklist includes information about the PHR and its benefits, as well as information about the study and how the data would be used. Through the proxy, each participant received a packet of information that included an informational page about the PHR and Study Survey, consent to be part of the study (Appendix C), a sample paper copy of a PHR (Appendix D), and the Study Survey (Appendix E).

The PHR that was used as the sample was created by the American Health Information Management Association (AHIMA), a not-for-profit organization whose mission is to improve the quality of medical records, which was founded in 1928

(AHIMA.org, n.d.). This PHR was selected because the form is in the public domain and has versions for both adults and minors in English and Spanish. In addition, the form is comprehensive including sections beyond standard medical information, such as legal directives, physical therapy, vision, and dental information.

The introductory letter (Appendix C), given to participants, explained the PHR benefits and study purpose, and provided general guidelines for completing the PHR. The letter informed participants of the availability of electronic, Spanish, and adult and minor versions at myPHR.com. In addition, the letter included an invitation to participate in the study and provided general information about the study, including consent to be part of the study. Turning in the survey to the proxy or researcher constituted consent to be part of the study.

The Study Survey (Appendix E) includes 21 questions and is a combination of open-ended and Likert scale questions. The three main types of information collected on the Study Survey are (1) demographics, (2) beliefs, and (3) process-related. The Study Survey concludes with a question that allows the respondents to add comments.

Demographics

The standard demographic questions, such as gender, age group, ethnicity, marital status, level of education, and employment status were asked. Because the study is about completing a PHR, which relates to health, the participants were asked whether they were insured, and to rate their own health on a five-point scale. Income level, a typical demographic question, was not asked because the researcher believed that the participants could have viewed it as being overly intrusive because the researcher and proxies asked

people directly to participant in the study

Beliefs

The belief questions address (1) internal HLC, (2) health value, (3) perceived instrumentality—the belief that the behavior will impact the participants' health, and (4) self-efficacy—the feeling that the individual can carry out the healthy behavior; in this case, completing the PHR. Validated survey tools were used to address internal HLC and health value. Because no survey tools were found to address perceived instrumentality or self-efficacy, the researcher created two open-ended questions for each belief.

The questions related to internal health Locus of Control are from the MHLC Scale–Form B. The MHLC is the most widely used tool to measure HLC and the coefficient alpha = 0.71 (Wallston, 1992). The MHLC contains six questions for each of the three HLC dimensions, internal, external, and chance. Because internal HLC has been shown to impact the decision to take on healthy behavior, and with approval from Wallston, the six questions related to internal HLC were used in the Study Survey. The participants were asked to state their level of agreement by using a six-point scale ranging from “Strongly Disagree” to “Strongly Agree.”

The value of health was measured by using a survey tool developed in 1986 by Lau and others. Cronbach's alpha = 0.69 and test-retest reliability = 0.62 (Norman, 1995 & Lau et al, 1986). Participants selected their level of agreement with four statements by using a seven-point Likert scale ranging from “Strongly Agree” to “Strongly Disagree” (Lau et al, 1986).

Perceived instrumentality was measured by two questions created by the

researcher related the PHR's potential value. Each question was a yes/no question with a follow-up of why or why not.

Self-efficacy was measured using the same method as perceived instrumentality; however, the questions related to ease of completing the PHR and keeping it up-to-date. The second self-efficacy question was conditional, and therefore not required of participants unless they responded positively to the question about completing a PHR for themselves or someone else.

Process Related Questions

Six questions were asked related to the process of completing a PHR, including whether the participants already had a PHR and, if so, in what format. Participants were asked, on a five-point scale ranging from “Very Unlikely” to “Very Likely,” how likely they were to complete the PHR for themselves or someone else. If they selected either likely response, they were asked to respond to four additional process related questions, such as who they planned to complete it for, and if they preferred a paper or electronic version.

Procedure

Participant recruiting:

1. The researcher identified participant groups and proxies with access to other groups.
2. Participant packets were provided to the proxies.

Participants took the survey:

1. Participants were provided the packet by the proxy or researcher.
2. The researcher or proxy verbally reviewed the information provided in the proxy checklist, and handed out the packets to groups or individuals.
3. Participants were invited to be part of the study, but were informed that they could keep the PHR even if they chose not to participate in the survey.
4. The researcher was never present during the completion of the survey.
5. To ensure the participants' anonymity, Study Surveys were either mailed or handed to the researcher's thesis advisor, Professor Jones at IUPUI. Those that were handed directly to the researcher were kept in a sealed envelope and delivered to Professor Jones. The researcher was given the completed Study Surveys at the end of the study period.

Data Analysis

During the period of August through November, 2008, the researcher and proxies collected 133 Study Surveys. Nine surveys were excluded from the analysis because they omitted responses to required questions,¹ rendering a sample size of 124.

For the sample of 124, overall counts and percentages were computed for demographics and three additional questions. The question, "In general, how would you

¹ Five surveys were excluded because the participant did not answer the question, "How likely is it that you will complete the PHR for yourself or someone else?" Three surveys were excluded because they did not answer all six of the HLOC questions. One survey was excluded because responses to several questions made it clear that the participants did not understand the difference between a PHR and the medical record maintained by their physician.

describe your own personal health?” is a demographic question. The three additional questions are:

1. “How likely is it that you will complete the PHR for yourself or someone else?”
2. “For whom do you plan to complete the PHR?”
3. “Do you plan to use the paper or electronic version?”

Internal LOC questions were scored by assigning a score of one through six to each of the six Likert scale questions. “Strongly Disagree” was scored as a one, and each proceeding option up to “Strongly Agree” increased by one, for the maximum score per question of six. A summary score was calculated by adding together the scores corresponding to each response, for a possible total range of 6–36. A high score indicates a high Internal LOC, and a low score indicates the opposite (Wallston et al, 1979). The division between high and low Internal HLC is not provided by Wallston, and therefore is determined by the researcher. This researcher used the score midpoint of 21 as the beginning score to indicate a high Internal LOC, and assigned a high or low indicator to each participant’s summary score. Frequency Distribution, Mean, Range, and SD were computed for each participant's summary score. Frequencies and percentages were calculated for the “high” and “low” indicator.

Value of Health questions were scored by assigning a score of one through seven to each of the four Likert scale questions ranging from “Strongly Agree” to “Strongly Disagree,” including “Undecided.” One was assigned to “Strongly Agree” and seven to “Strongly Disagree,” with a score of four for “Undecided.” The numbers for the responses to the two negatively worded statements are reversed, i.e., one becomes seven and seven becomes one. A summary score was calculated by adding together the

numbers that correspond to each response, which makes the possible range from 4–28. A high score indicates a high value of health, and a low score indicates the opposite. Summary scores above the scale midpoint of 16 indicate a preference for the value of health (Lau et al, 1986). Frequency Distribution, Mean, Range, and SD were computed for the summary score for the sample of 124. Frequencies and percentages were calculated for the “high” and “low” indicators.

Participants were noted as positive for perceived instrumentality if they answered "yes" to at least one of the two related questions. Answers other than “yes” or “no,” such as a combined response of “yes and no,” were recoded as a “yes” or “no” based on the participant’s corresponding comments. Frequencies and percentages were calculated for each question and overall.

The two questions for self-efficacy were scored using the same method as used for perceived instrumentality, with one exception. Overall counts and percentages were not calculated because one of the two questions is a conditional question based on the response to the previous question, “How likely is it that you will complete the PHR for yourself or someone else?” Only participants who answered this question “Somewhat Likely” or “Very Likely” answered the second self-efficacy question.

The sample was divided into two groups whose demographics and beliefs were compared. One group contained participants who answered that they were “Somewhat Likely” or “Very Likely” to complete a PHR for themselves or someone else. The second group contained participants who answered “Very Unlikely,” “Somewhat Unlikely,” or “Unsure” of their likelihood of completing a PHR for themselves or

someone else. For each group, the following qualitative and quantitative analysis was conducted:

- Demographic count and percent
- Beliefs
- Level of Internal LOC – Frequency and percentage of high and low
- Value of Health – Frequency and percentage of high and low
- Perceived instrumentality – Count and percentage of yes and no answers
- Self-efficacy – Count and percentage of yes and no answers

Counts and percentages were calculated for those who plan to complete the PHR for themselves or someone else, to address the issues below:

- If participants will take steps toward creating an accurate PHR based on qualitative analysis
- Preference for paper or electronic version – Count and percentage of each

A Chi square with an α of 0.05 was used to determine whether each of the demographics or beliefs impacted the participants' likelihood of completing the PHR for themselves or loved ones.

Chi square was selected because all data are nominal. The assumptions for chi square are that each participant can respond only one time to each question; and for large samples, at most 20% of the cells can be at or below the minimum expected cell frequency of five, and none can be less than one. More than 20% with expected cell counts of less than five causes a loss of statistical power. The researcher has the option to accept the loss of power or collapse the data to increase the expected counts to at least

five (Field, 2005).

Open-ended questions were evaluated in a multi-step process. The intent of steps one and two that follow was to determine if the answers to open-ended questions supported the participants' responses to the belief questions. These two steps were conducted by the researcher and a former student-colleague, Jaci Phillips, MS, RN. Step three was conducted to summarize the content within the text responses by determining the common ideas or themes. This step was originally planned to be conducted by the researcher and colleague; however, the reliability rating was so low that a different approach had to be taken. This step was next performed by two senior college students from Butler University, Amanda Perry and Lauren Krueger. They were provided written instructions and definitions which the researcher had not created for use when the researcher performed the exercise with her colleague. The thesis advisor, Professor Jones, served as a tiebreaker.

1. Counting concepts

- a. Working independently, the researcher and colleague determined the number of concepts for each text response to each question.
- b. The researcher compared the counts for the researcher and colleague, and calculated inter-rater reliability scores for each survey question and overall.
- c. The researcher and colleague discussed the differences with the intent to reach a consensus.
- d. Where consensus was not reached, the thesis advisor, Professor Jones, provided the tiebreaker.

2. Determine which belief the response matched most closely.
 - a. The researcher provided definitions for each of the four beliefs: 1) Internal HLC, 2) values health, 3) perceived instrumentality, and 4) self-efficacy (see Appendix F).
 - b. Working independently, the researcher and colleague matched the response to one or more beliefs. A match is required for each counted theme and “no match” is an option. Responses with more than one counted theme could match more than one belief, or all could match a single belief. Responses could match a belief either positively or negatively, and were recorded with a “P” for positive and an “N” for negative. Responses mapped to “no match” were not subdivided into positive or negative categories.
 - c. The researcher compared the themes and calculated inter-rater reliability scores.
 - d. The researcher and colleague discussed the differences with the intent to reach a consensus.
 - e. Where consensus was not reached, the thesis advisor, Professor Jones, provided the tiebreaker.
 - f. These qualitative data were compared to the quantitative belief data to determine if they supported the quantitative belief data.
3. Summarize text responses
 - a. The researcher provided directions and definitions, shown in Appendix G, for grouping the data into themes.

- b. Working independently, the coders grouped together responses with like ideas for each question. Responses with more than one counted theme from step one above could result in multiple ideas or a single idea.
- c. The researcher compared the groups and calculated reliability scores .
- d. The researcher determined group names and returned the file to the coders for their approval. The coders made two changes to the group names.
- e. Frequencies and percentages for the grouped ideas were calculated for each question.
- f. The data for each question were divided into positive and not positive, or concerns.

CHAPTER FOUR: RESULTS

Results are reported in five parts as follows:

1. Overall results
2. Demographic comparisons
3. Belief comparisons
4. Process related
5. Summary of the text responses

Overall Results

The 124 participants are primarily Caucasian, married, female, insured, college educated, and employed. The modal age range was 40–49, followed closely by age ranges of 20–29 and 50–59. Over 75% of the participants selected a score above the midpoint to describe their personal health. Twenty-two percent reported that they already had a PHR, 61% of which were in electronic format. Table 4.1 below shows the data for gender; marital, insured, and work status; and ethnicity. Age ranges are displayed in Figure 4.1, education level in Figure 4.2, and personal health status in Figure 4.3.

Demographic	Count	Percent
<i>Gender</i>		
n = 124, missing = 1		
Female/Male	86/37	69.9/30.1
<i>Marital Status</i>		
n = 124, missing = 1		
Married/Single/Widowed	74/46/4	59.3/37.4/3.3
<i>Ethnicity</i>		
n = 124, missing = 3		
Caucasian	106	85.5
African American	4	3.2
Asian/Pacific Islander	8	6.5
Hispanic/Latino	0	n/a
Other	3	2.4
<i>Insured</i>		
n = 124, missing = 1		
Yes/No	119/4	96/3.2
<i>Employment Status</i>		
Yes/No/Retired	89/20/14	71.8/16.1/11.3

Table 4.1: Demographics

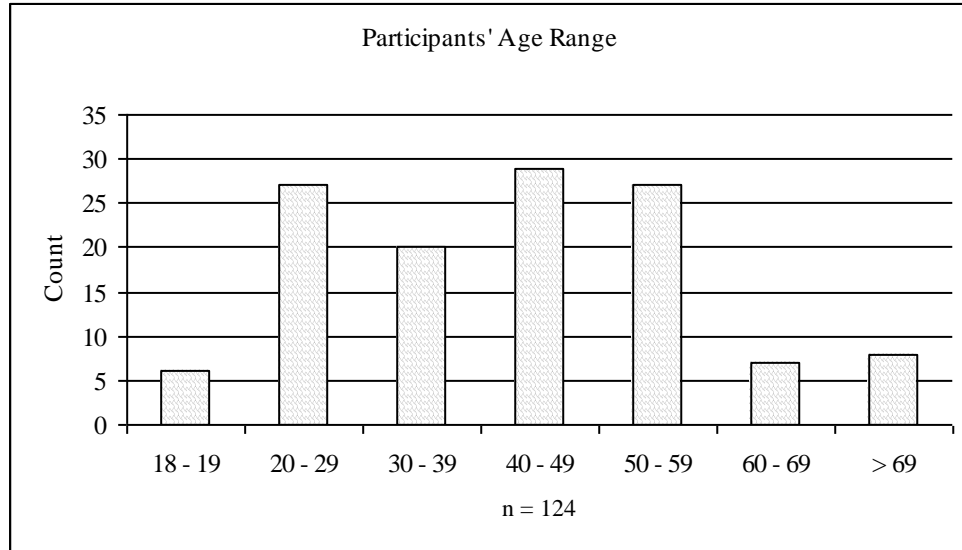


Figure 4.1: Participants' Age Range

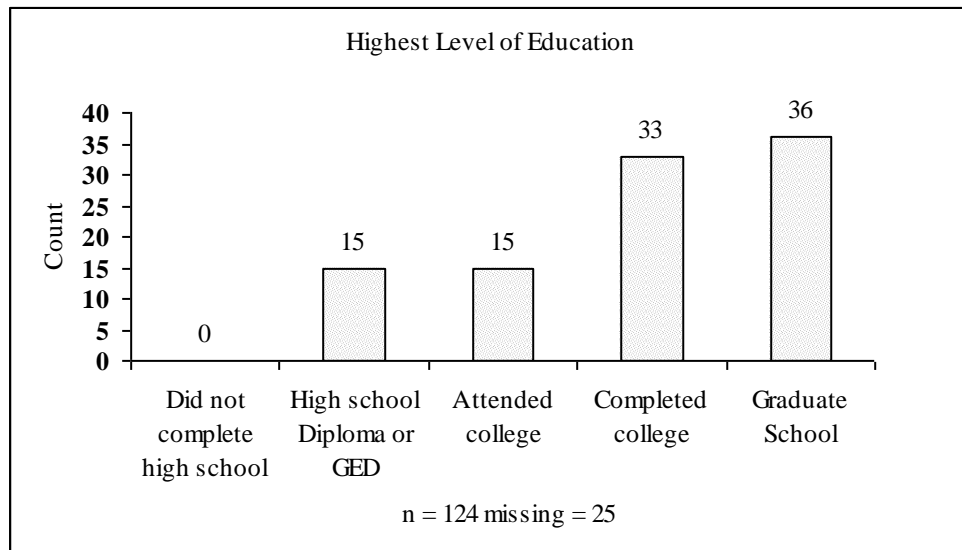


Figure 4.2: Participants' Education

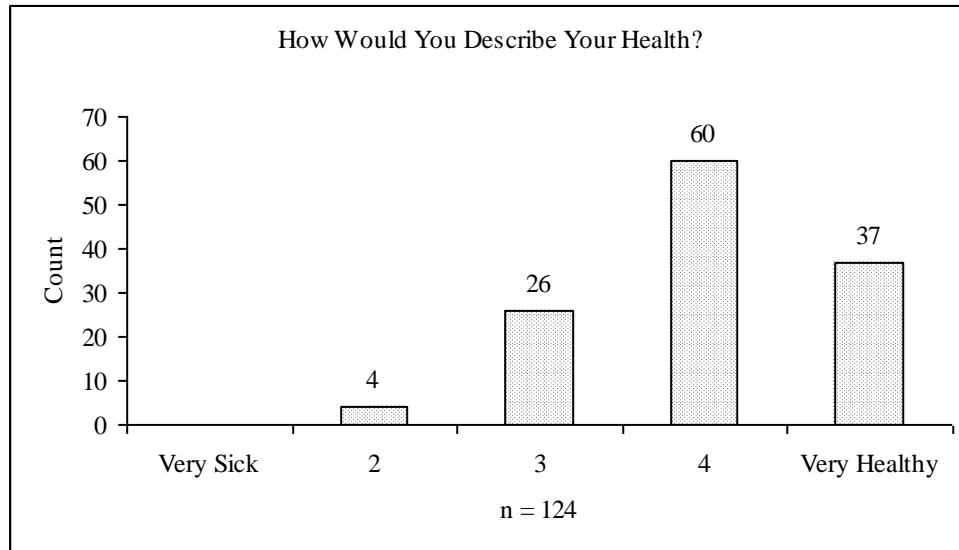


Figure 4.3: Participants' Personal Health

Approximately 78% of the participants scored high for internal LOC, and the health value questions. Nearly all participants (96%) viewed the PHR as having perceived instrumentality. Self-efficacy belief scored the lowest at 52.5%. Complete results are shown in Appendix J.

The same percentage, 52.5%, of participants reported that they were “Somewhat Likely” or “Very Likely” to complete a PHR for themselves or someone else, as shown in Figure 4.4.

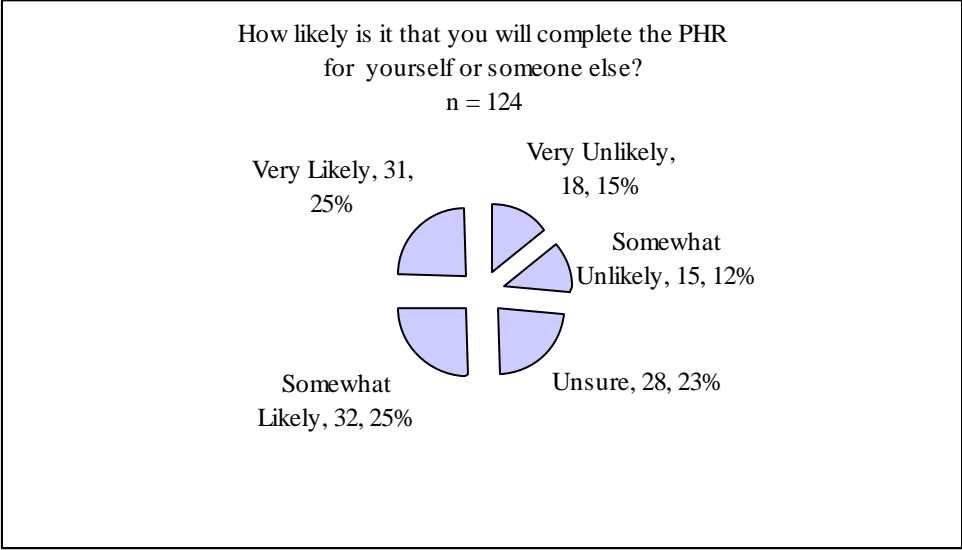


Figure 4.4: Likelihood of Completing PHR

Demographic Comparisons

Chi square was used to find out whether there is a relationship between the likelihood of completing a PHR and each demographic and belief variable. Gender, education level, personal health, and employment status all met the chi-square assumptions (see Appendix K). However, four demographic variables did not. Age range had 42.9% of the cells with expected outcomes < five. By collapsing beginning and end age ranges as follows, the expected count assumption for chi square was met (see Appendix L).

- 18–19 were combined with 20–29 and
- > 69 was combined with 60–69 and relabeled as > 59.

Responses of “Widowed” were collapsed with “Single” for marital status to eliminate the 33% of cells with expected counts < five, and are shown in Appendix M.

Insured data resulted in 50% of cells with expected counts < five; however, these data were binary, and therefore could not be collapsed. For ethnicity, 75% of the cells resulted in expected counts < five. However, there was no logical way to collapse the data; therefore, the computed statistics for insured and ethnicity variables are not reported (see Appendix N).

At alpha 0.05, the demographics reported below appear to have no relationship to whether or not a participant states that he is likely to complete the PHR for himself or someone else (see Table 4.2).

Demographic	df	Sig. Level
Age Group	4	0.314
Gender	1	0.798
Marital Status	1	0.659
Level of Education	4	0.154
Employment Status	2	0.894
Personal Health	3	0.615*
*25% of cells have expected outcomes < five		

Table 4.2: Demographic Significance Level

Belief Comparisons

Chi square was used to see if each belief was related to the likelihood of completing a PHR (see Appendix O). At alpha 0.05, perceived instrumentality and self-efficacy both appear to be related to the participants' stated likelihood of completing a PHR. However, 50% of the cells for perceived instrumentality have an expected count less than five, thus reducing the measure's strength. These data are binary, so collapsing the data is not an option.

With a significance level of 0.001, self-efficacy is the only belief that shows a relationship with the likelihood of completing a PHR. Although perceived instrumentality appears to show a relationship with a significance level of 0.03, the results are inconclusive because 50% of the cells have expected counts < five.

Belief	df	Sig Level
Internal HLC	1	0.755
Health Value	1	0.3421
Perceived Instrumentality	1	0.039*
Self-Efficacy	1	0.001
* two cells (50.0%) have an expected count < five. The minimum expected count is 1.97.		

Table 4.3: Belief Significance Level

The text responses were analyzed to determine whether their comments supported the participants' quantitative beliefs. The quantitative belief questions include survey questions nine for health value, 10 for HLC, 12a and 13a for perceived instrumentality,

and four for self-efficacy. Overall, the inter-rater reliability rating between the researcher and coder was 87.8% for counting concepts and 76.0% for mapping to beliefs. Inter-rater reliability ratings at or above 70% are considered to be sufficient measures of agreement. The reliability rating and supporting data for each question are shown in Appendix H. The participants' comments were related primarily to perceived instrumentality and self-efficacy, and rarely reflected LOC or health value, as Table 4.4 below shows.

Belief	Number of Text Responses	Text Supports Belief Score	Text Does Not Support Belief Score
Internal LOC	6	83%	17%
Health Value	4	100%	n/a
Perceived Instrumentality	109	92%	8%
Self-Efficacy	103	71%	29%

Table 4.4: Belief Text Comparison

Process Related

For the 63 participants who stated that they were “Somewhat Likely” or “Very Likely” to complete a PHR, an additional five questions were asked related to how they would use the PHR.

Table 4.5 shows that 32 participants, or nearly 51%, report that they would prefer a paper version of the PHR.

Preferred Version	N	%
Paper	32	50.8
Electronic	21	33.3
Both	6	9.5
Not Selected	4	6.3
Total	63	99.9

Table 4.5: Preferred PHR Format

When asked, “For whom do you plan to complete the PHR?”, 53 participants, or 84.1%, selected “Myself.” This question allowed multiple responses and the results are shown in Figure 4.5. The top answers in “other” were “husband” and “wife” with counts of seven and three, respectively. All the remaining responses had counts of one and included other family members such as, sister, brother, niece, nephew, or grandchildren.

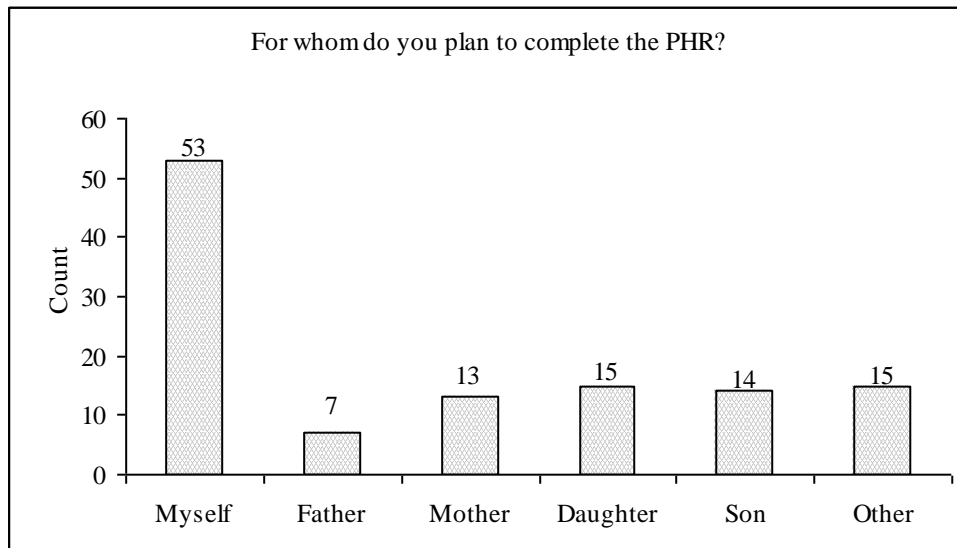


Figure 4.5: For Whom is the PHR Created?

When asked, “Do you think it will be easy to keep the PHR up-to-date?”, 52 participants, or 84.5%, answered “yes.”

To determine if the information in the PHR would be accurate, participants were asked, “How do you think you will find the information that you don’t already know, such as immunizations or stop and start dates of medications?” The most mentioned source was "HCP," at 43%. Participants could give more than one source and the results are shown in Table 4.6.

Where to find information	Count	Percent
HCP	33	43.4%
Personal Records	19	25.0%
Family	12	15.8%
Memory	2	2.6%
No idea	2	2.6%
Other Medical Records	2	2.6%
Pharmacy	2	2.6%
Blank or guess	1	1.3%
n/a	3	3.9%
Total	76	99.8%

Table 4.6: Information Sources

When asked, “What do you plan to do with the PHR after you complete it?”, 50% of the responses included “store it,” with another 5% stating that they would store it digitally. Responses in the “store it” category did not specify digital and most related to a

physical location, such as a safe, or with other important papers. Participants could give more than one response to this question, and the results are shown in Table 4.7.

Plans for PHR	Count	Percent
Store	38	50.0%
Take to appointments	13	17.1%
Update as changes occur	6	7.9%
Give to HCP	5	6.6%
Give to family	4	5.3%
Store digitally	4	5.3%
Not sure	2	2.6%
Personal use	2	2.6%
Update annually	1	1.3%
n/a	1	1.3%
Total	76	100.0%

Table 4.7: Plans for PHR

Text Analysis

The seven open-ended questions that were evaluated first by the researcher and colleague, and then by the two coders, to determine themes had an overall inter-rater reliability rating of 57.2% and 72.9%, respectively. Because the inter-rater reliability was less than 70%, a second round was conducted by the two coders. The reliability rating for each question is shown in the columns labeled “round 1” and “round 2” in Appendix I, along with the supporting data for round two. If a participant gave a response that was not related to the question, that response was marked as "n/a" and not grouped. These "n/a" responses were included in the reliability rating.

The two questions that addressed perceived instrumentality are, “Do you think it’s

a good idea to have a PHR?” and “Do you think that a PHR can help you or your doctor maintain or improve your health?” were both followed by “why or why not”. Although in different rank order, the same top three responses, “diagnosing/decision making,” “comprehensive,” and “improves patient involvement” were provided by participants to both “why or why not” questions. The participants' responses could include multiple themes and the results are shown in Table 4.8. These data are reported in two sections, where the top portion of the table lists the positive responses and the lower portion the concerns; both exclude "n/a" responses.

Why PHR is a good idea (Q12)²	Count
Comprehensive	22
Improve patient involvement	18
Diagnosing/decision making	14
Share with other HCPs	10
Emergency	8
Accurate information	5
Avoid duplicating procedures	2
Saves time	2
Tracking medications	2
Total	83
Percent	90.2%
Why PHR might not be a good idea	
Concerns about accuracy	2
Unnecessary for well people	2
HCP might not use	1
If confidential	1
If updated	1
Not interested	1
Not necessary	1
Total	9
Percent	9.8%

How PHR can improve health (Q13)³	Count
Diagnosing/decision making	34
Comprehensive	23
Improves patient involvement	10
Accurate information	6
Accessible	4
Saves time	3
Emergency	1
Total	81
Percent	85.3%
Why PHR might not improve health	
HCP might not use	3
If maintained and/or accurate	3
HCP does not need	2
Only a record	2
Unnecessary for well people	2
If electronic	1
Not comprehensive	1
Total	14
Percent	14.7%

Table 4.8: Perceived Instrumentality Themes

² N participants = 88

³ N participants = 97

There were two self-efficacy questions; “Do you think that it will be easy to complete the PHR for yourself?” and “Do you think it will be easy to keep the PHR up-to-date?” Each question was followed by “why or why not”. All participants could answer the first question and follow-up question, and their top answers were “confident,” “has records,” “difficulty remembering,” and “unknowns difficult to obtain.” The second question and follow-up question is conditional and is based on responding “Somewhat Likely” or “Very Likely” to the likelihood of completing a PHR. The top answers were “update as changes occur,” “take to appointments,” and “time consuming.” Participants' responses could include multiple themes, which are shown in Table 4.9. The data are reported in the same fashion as in the previous table.

Why completing PHR is easy (Q14)⁴	Count
Confident	12
Has records	9
Not much to track	6
Already has PHR	2
Unknown easily obtained	1
Total	30
Percent	33.3%
Why completing PHR might not be easy	
Difficulty remembering	13
Unknown difficult to obtain	9
Lack of info	8
Too complex	7
Needs HCP help	6
Time consuming	6
Lots of history	5
Info from Family	1
Needs help	1
Concerns about accuracy	1
Total	57
Percent	63.3%

Why updating PHR is easy (Q20)⁵	Count
Update as changes occur	10
Take to appt	5
Keeps medical records	3
Not much to track	3
Prefers electronic	3
Already does it	2
Update annually	2
Priority	1
Total	29
Percent	72.5%
Why updating PHR might not be easy	
Time consuming	4
Not interested or good at record keeping	3
Past info difficult	2
Not thorough enough	1
Prefers doc to keep current	1
Total	11
Percent	27.5%

Table 4.9: Self-Efficacy Themes

The “other comments” question was open to all participants, and the top response was “good idea.” Table 4.10 shows all responses, and the data are reported in the same fashion as in the two previous tables.

⁴ N participants = 93

⁵ N participants = 47

Other Comments (Q21)⁶	
Positive	Count
Good idea	7
Prefers electronic	4
Already has PHR	2
Now knows how to access a PHR	1
Total	14
Percent	56.0%
Concerns	
Too complex	4
HCP might not use	2
Concerns about cost	1
Concerns about updating	1
Time consuming	1
Wants to own the info	1
Personal use only	1
Total	11
Percent	44.0%

Table 4.10: Other Comments

⁶ N participants = 22

CHAPTER FIVE: DISCUSSION

Outcomes are discussed first in relationship to the four research questions, followed by other findings from the open-ended questions.

Outcomes Related to Research Questions

Research question one: Is it realistic to expect individuals to create PHRs? The results show that 63, slightly over 50%, of those asked said that they were “Somewhat Likely” or “Very Likely” to complete a PHR for themselves or someone else. Another 20% said they were unsure; leaving only 30% who responded with “Somewhat Unlikely” or “Very Unlikely.” This is promising because two-thirds of the participants thought it would be difficult to complete a PHR. Of those who stated that they were likely to complete a PHR, 84.5% stated that they thought the PHR would be easy to keep up-to-date. Within that same group, only 27% expressed concerns about being able to keep the PHR up-to-date. Providing consumers with pre-populated, editable forms might overcome this initial obstacle.

Research question two: What level of accuracy can be expected in the PHR? Nearly 90% of the responses included resources that should lead to accurate information, such as HCPs and personal, family, pharmacy, and other medical records. The remaining responses were “memory” and “no idea,” both at 2.6%; and “blank or guess,” at only 1.6%. Although some people have a good memory, one of the benefits of a PHR is that it eliminates the need to rely on memory when completing a patient intake form at an HCP's office.

Research question 3: Which PHR version is preferred, paper or electronic? Fifty percent of the participants preferred a paper version of the PHR, and only 33% said electronic. Six, or 9.5%, said both; and four, or 6.3%, did not respond to the question. These results might be skewed because the participants were given a paper copy of a PHR. Also, if they thought they could get a pre-populated PHR in electronic format, more might prefer an electronic version.

Research question 4: Is there a profile (demographics and beliefs) of individuals who are most and least likely to create a PHR? At alpha 0.05, demographics did not show any relationship to the participants' likelihood of completing a PHR. However, it should be noted that for two demographics, the expected counts were < five, and the data could not be collapsed further. For a third demographic, education level, 20%, or 25 participants, did not respond to the question. In addition, no responses stated "Did not complete high school." Perhaps some of the missing responses would have landed in that category.

Using alpha 0.05, self-efficacy showed a relationship to likelihood of completing a PHR. Someone who showed self-efficacy is 3.6 times more likely to complete a PHR than someone without self-efficacy. The remaining three beliefs, perceived instrumentality, internal LOC, and health value, showed no relationship to the likelihood of completing a PHR.

Other Findings

The participants' comments were related primarily to perceived instrumentality and self-efficacy, and rarely reflected LOC or health value, as Table 5.1 shows. This is

expected because open-ended questions were asked related to perceived instrumentality and self-efficacy and not for Internal LOC or health value.

Belief	Number of Text Responses	Percent
Internal LOC	6	2%
Health Value	4	2%
Perceived Instrumentality	109	49%
Self Efficacy	103	46%
Total	222	99%

Table 5.1: Comments Related to Beliefs

The majority of the responses to the open-ended questions were positive, as Table 5.2 shows. The results show that participants think that a PHR is a good idea and can improve their health, but two-thirds of them do not think it would be easy to complete. Table 5.3 shows the participants' concerns in descending rank order. The number one reason was “difficulty remembering,” which indicates that participants are unaware that the information they don’t know should be researched. Many additional reasons were listed, but most relate to the time required or the participants' inability to find the needed information.

Question	N Participants	Positive *	Negative *
Why PHR is a good idea (Q12)	88	90.2%	9.8%
How PHR can improve health (Q13)	97	85.3%	14.7%
Why completing PHR is easy (Q14)	93	33.3%	66.7%
Why updating PHR is easy (Q20)	47	72.5%	27.5%
Other comments (Q21)	22	56.0%	44.0%
* Excludes NA responses			

Table 5.2: Positive vs. Negative Comments

Why Completing PHR Might Not Be Easy	Count	Percent
Difficulty remembering	13	22.81%
Unknown difficult to obtain	9	15.79%
Lack of info	8	14.04%
Too complex	7	12.28%
Needs HCP's help	6	10.53%
Time consuming	6	10.53%
Lots of history	5	8.77%
Info from family	1	1.75%
Needs help	1	1.75%
Concerns about accuracy	1	1.75%
Total	57	100.00%

Table 5.3: Concerns with Completing PHR

Implications of Results

Although the literature review did not provide comparable studies, it seems encouraging that over 50% of the participants said that they were “Likely” to complete a PHR. HCPs might be inclined to use information contained in a PHR knowing that over 90% of the participants said that they would take measures to complete it accurately. However, HCPs might be concerned about their ability to handle the requests for information, because over 40% of respondents said that they would contact their HCP for information that they did not know or have readily available.

Thirty-three percent preferred an electronic copy of their PHR, and another 9.5 % preferred both paper and electronic. This seems to agree with Harris Interactive's survey, which found that, of those without a PHR, 40% were likely to start an electronic version of a PHR (Harris Interactive, 2004). The paper version might be the preferred format because participants might believe that their HCP would not use the electronic version, and that if they had an electronic version, they would have to print it for their HCP.

The demographics collected provide a nice overall picture of the sample, but did not show any relationship to the likelihood of completing a PHR.

According to Wallston, many studies have been conducted that link healthy behaviors to internal LOC, health value, and perceived instrumentality. Few studies have been done to determine if there is a link between healthy behavior and self-efficacy (Wallston, 2005). This study found no link between the likelihood of completing a PHR and internal HLC, health value, and perceived instrumentality; but did find a relationship

to self-efficacy.

Although the significance level for perceived instrumentality was not used because 50% of the expected counts were less than five, it is interesting that every participant who scored negatively for perceived instrumentality answered in one of the “Unlikely” categories to the likelihood of completing a PHR.

It should be noted that the results for self-efficacy were based on only one question. In addition, the question related to self-efficacy was about the ease of use. Because people willingly participate in activities that are not considered easy, such as running or completing an advanced degree, “ease” is obviously not the only dimension that determines whether or not a person feels he can complete an activity.

Overall, participants provided positive comments about the PHR. Examples of positive themes that were repeated include “diagnosing and decision making,” “comprehensive,” and “improves patient involvement.” Common concerns were related to finding the information and included “unknown difficult to obtain,” “difficulty remembering,” and “complex,” to name a few. “Time consuming” was also a repeated concern. The literature shows that two-thirds of those who participated in an online survey had concerns about privacy and security (Harris Interactive, 2004). Privacy and/or security were not reported themes from this sample. There are several potential reasons for this difference in results.

- This survey did not specifically ask about concerns, which instead were gleaned by the coders from the comments; whereas Harris Interactive's survey

asked specifically about concerns and gave the participants a list of choices that included privacy and security.

- Harris Interactive's survey was online, where privacy and security might be at the forefront of the participants' minds.
- This survey's participants received a paper copy and might not have been considering an online version of the PHR when considering an electronic version option.

CHAPTER SIX: CONCLUSION

The results of this pilot study suggest that it is realistic to expect individuals to complete accurate PHRs. Slightly more than half of the participants stated that they are "Likely" to complete a PHR, and over 90% plan to take measures to do so accurately. Nearly two-thirds thought it would be difficult to complete the PHR, but fewer had concerns about keeping it current. Mitigating strategies, such as providing pre-populated, editable PHRs, might help to overcome this barrier, at least for those who prefer an electronic version. Half of this sample said that they prefer a paper version of the PHR, and another 10% said they want both electronic and paper; but more could prefer the electronic format if the form were pre-populated. This study found no relationship between demographics and the likelihood of completing a PHR, but did find a relationship with the belief in self-efficacy at alpha 0.001. However, a larger, more diverse sample might have shown different results.

Limitations

The study used a small sample that lacked the diversity the researcher attempted to obtain. For example, no participants were Hispanic or Latino, and the other non-Caucasian ethnicities all had frequencies < five.

Those who are unlikely to complete a PHR might also choose not to complete the Study Survey. This would make it difficult to determine the profile of those who are unlikely to complete the PHR, and to see whether or how it might differ from the profile of those who do complete the PHR.

The study asks about only the intent to complete a PHR, rather than the behavior of actually completing a PHR. There is no proof that merely indicating intent means the participants will actually carry through with their actions.

The sample PHR, which was 15 pages long, might have influenced whether the participants thought they might or might not complete a PHR for themselves or others.

Some survey questions were ambiguous as to whether they were asking about the sample PHR that was provided to the participants, or about any PHR.

During the study period, the National Alliance for Health Information Technology provided a standard definition of a PHR that augmented the definition provided by iHealtbeat.org, which was used at the beginning of the study. The additional attributes include:

- Electronic
- Conforms to nationally recognized interoperability standards
- Can be drawn from multiple sources

The previous definition is a personal collection of important information about a person's own health, or the health of someone he cares for, such as a parent or child. The person actively maintains the PHR, which includes medical records, health history, and other health related information, such as allergies and exercise habits (HIA, 2007).

The proposal stated that the percentage of overall respondents would be computed. The method for recruiting participants changed from the original proposal, and the researcher did not realize that this percentage would no longer be computable. The original proposal stated that the proxies would count how many surveys they gave out, and turn that number in with the surveys. In reality, however, the proxies gave out the

surveys and waited for the participants to complete them, or did not give them to people who said that they would not complete the survey.

Validated survey tools were not found for perceived instrumentality or self-efficacy, and the researcher created only two questions for each belief. In addition, self-efficacy is based solely on one question because the second related question was conditional, and therefore not required of all participants.

Because this was a pilot study, on certain analyses such as the relationship between self-efficacy and perceived instrumentality, assumptions for the sample could not be met; therefore the statistical power might have been insufficient to detect true relationships between the variables being considered.

Direction for Future Research

This study can act as a pilot study for further research to determine how to entice all patients to create an accurate PHR.

Future studies should include at least four non-conditional questions for both perceived instrumentality and self-efficacy. The research should investigate the 20% who are unsure of their likelihood of completing a PHR, because learning about them might help to form methods and strategies to increase their likelihood of completing a PHR to either “Somewhat Likely” or “Very Likely.” In addition, future studies should use a larger and more diverse sample so that the results can be generalizable.

In an effort to move the participants in the “Unlikely” groups to one of the “Likely” groups, future studies should investigate participants' concerns about creating or using a PHR, and determine ways to mitigate those concerns.

Other studies might choose not to include beliefs, but to focus instead on ways to address patients' concerns about completing a PHR.

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APPENDICES

Appendix A: Discussion Checklist with Proxy

1. General information about my thesis
2. PHR for your congregation
3. The benefits
4. How to distribute the PHR
 - a. entire congregation or small groups
 - b. Minimum age: 18
5. What I hope to get in return: participation in my study about individuals and PHRs
6. Materials you will receive:
 - a. A communication checklist to follow
 - b. Distribution materials for your congregation:
 - i. Blank personal health record – adult English version
 - ii. Instructional page
 - iii. Questionnaire
 - c. Return directions
7. Timeline
8. How to return the completed surveys and left-over materials

Appendix B: Checklist

Following is a checklist of items to help you distribute the PHR to your congregation.

Count:

Please provide the researcher with the number of individuals who were offered the PHR at each session _____.

The benefits of a PHR:

- Improve health by allowing you to keep their doctor informed and updated with all their pertinent information.
- Allows them to maintain and share information about all interactions with all their Health Care Professional
- Cost savings tool by avoiding duplication of tests, such as lab work, or x-rays.

The PHR:

- Created by “American Health Information Management Association: non-profit professional association, founded in 1928, dedicated to the effective management of personal health information needed to deliver quality healthcare to the public”.
- Depending on your health information, the PHR could take as little as five minutes to complete. May choose to complete a few sections at a time.
- If you are unsure as to where to find all the information, or need additional copies of any pages please visit MYPHR.com.
- Electronic, Spanish and versions for Minors are available at MYPHR.com

The Study Survey:

- Opinion survey to help make this process as easy as possible for you and others.
- You can keep and use the PHR whether or not you choose to provide feedback on the Study Survey.
- The Study Survey will not ask for your name, or any personal health information.
- The Study Survey can be returned to the drop-box at X location by x date.
- I also have addressed-stamped envelopes for those will not be able to return the Study Survey to the drop-box.

Study Survey Results:

- The feedback from the Study Survey will be included in a thesis study by a graduate student at Indiana University Purdue University Indianapolis.
- The feedback results in the study will contain only summarized group information. For example, 10 people chose A to question 1 and 5 people chose B.
- That same information will be shared with the creator of the form, American Health Information Management Association (AHIMA). The results of the Study Survey may be published by AHIMA. In all cases, only grouped responses will be shared and names or any other identifying information will NOT be asked on the Study Survey or disclosed.

Questions about the study can be directed through email at jofjones@iupui.edu to the thesis advisor for the graduate student, Dr. Josette Jones, Assistant Professor, School of Nursing, IUPUI Please include Personal Health Record in the subject line.

Appendix C: Completing a Personal Health Record

The benefits of a Personal Health Record (PHR):

- Improve health by allowing you to keep your doctor informed and updated with all your pertinent information.
- Allows you to maintain and share information about all interactions with all your Health Care Professionals
- Cost savings tool by avoiding duplication of tests, such as lab work, or x-rays.

The PHR:

- Created by “American Health Information Management Association: non-profit professional association, founded in 1928, dedicated to the effective management of personal health information needed to deliver quality healthcare to the public”.
- Depending on your health information, the PHR could take as little as five minutes to complete. May choose to complete a few sections at a time.
- If you are unsure as to where to find all the information, or need additional copies of any pages please visit MYPHR.com.
- Electronic, Spanish and versions for Minors are available at MYPHR.com

The Study Survey:

- Study Survey to help make this process as easy as possible for you and others.
- You can keep and use the PHR whether or not you choose to provide feedback on the Study Survey.
- The Study Survey will not ask for your name, or any personal health information.
- Please return the Study Survey to the drop box at X location by Month, Day, 2008. Do NOT include your PHR, as that is yours to keep. Also, please do NOT include your name, address, or phone number on the questionnaire. Addressed and stamped return envelopes are available if you are not able to return your Study Survey to the drop box by Month, Day, 2008.

Study Survey Results:

- The feedback from the Study Survey will be included in a thesis study by a graduate student at Indiana University Purdue University Indianapolis.
- The feedback results in the study will contain only summarized group information. For example, 10 people chose A to question 1 and 5 people chose B.
- That same information will be shared with the creator of the form, American Health Information Management Association (AHIMA) and may be published by AHIMA. In all cases, only grouped responses will be shared and names or any other identifying information will NOT be asked on the Study Survey or disclosed.

Consent:

- By returning the Study Survey you are consenting to allow the researcher to use your responses to the Study Survey questions as part of the study about Personal Health Records.

Please continue reading on other side

Your feedback is important whether you plan to complete the PHR or not. Question about the PHR can be answered by visiting MYPHR.com

Questions about the study can be directed to the graduate student's thesis advisor, Dr. Josette Jones, Assistant Professor, School of Nursing, IUPUI through email at jofjones@iupui.edu. Please include "Personal Health Record" in the subject line.

Appendix D: PHR

Health Information Form *for Adults*



A. IDENTIFICATION	B. EMERGENCY CONTACTS
Name (Last) (First) (Middle)	<i>In Case of Emergency, Notify: Primary contact</i>
Maiden Name	Name (Last) (First) (Middle)
Primary Address	Relationship
City State Zip Code Country	Address
Alternate Address	City State Zip code Country
City State Zip Code Country	Home Phone Work Phone
Home Phone Work Phone	Cell phone E-Mail Address
Cell Phone E-Mail Address	<i>In Case of Emergency, Notify: Secondary contact</i>
Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Name (Last) (First) (Middle)
Height Weight Eye Color Hair Color	Relationship
Ethnicity/Race Birthmarks/Scars	Address
Blood/RH type Special Conditions Marital Status	City State Zip code Country
Occupation	Home Phone Work Phone
Company Name	Cell phone E-Mail Address
Address	<i>In Case of Emergency, Notify: Medical contact</i>
City State Zip code Country	Physician (Indicate Specialty)
Phone Number Language Spoken-Primary / Secondary	
Primary Health Insurance Policy Number	
Secondary Health Insurance Policy Number	
	Phone:
	Dentist Phone
	Pharmacy Phone

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C. HEALTHCARE PROVIDERS

Healthcare Provider Type	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No. (after hours)
Name		E-Mail Address	
Group Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

Healthcare Provider Type	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No. (after hours)
Name		E-Mail Address	
Group Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

Healthcare Provider Type	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No. (after hours)
Name		E-Mail Address	
Group Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

Healthcare Provider Type	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No. (after hours)
Name		E-Mail Address	
Group Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

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D. INSURANCE PROVIDERS

Insurance Provider Type	E-Mail Address	Fax
Company Name	Web Address/URL	
Address	Primary Insured Person-Name Social Security No.	
City State Zip Code Country	Employer Name	
Contact –Name Phone	Address	
Identification-Group Number Member (ID) number	City State Zip Code Country	
Contact Information–Phone Emergency Phone No. (after hours)	Phone Number	

Insurance Provider Type	E-Mail Address	Fax
Company Name	Web Address/URL	
Address	Primary Insured Person-Name Social Security No.	
City State Zip Code Country	Employer Name	
Contact –Name Phone	Address	
Identification-Group Number Member (ID) number	City State Zip Code Country	
Contact Information–Phone Emergency Phone No. (after hours)	Phone Number	

Insurance Provider Type	E-Mail Address	Fax
Company Name	Web Address/URL	
Address	Primary Insured Person-Name Social Security No.	
City State Zip Code Country	Employer Name	
Contact –Name Phone	Address	
Identification-Group Number Member (ID) number	City State Zip Code Country	
Contact Information–Phone Emergency Phone No. (after hours)	Phone Number	

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F. MEDICAL HISTORY check appropriate items

	Date of Onset		Date of Onset
<input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) or HIV positive		<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Arthritis		<input type="checkbox"/> Hypoglycemia	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Jaundice	
<input type="checkbox"/> Bronchitis		<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> Cancer		<input type="checkbox"/> Low Blood Pressure	
<input type="checkbox"/> Chlamydia		<input type="checkbox"/> Mental Retardation	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Pain or Pressure in Chest	
<input type="checkbox"/> Dizziness		<input type="checkbox"/> Palpitations	
<input type="checkbox"/> Emphysema		<input type="checkbox"/> Periods of Unconsciousness	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Eye Problem		<input type="checkbox"/> Rheumatism	
<input type="checkbox"/> Fainting		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Frequent or Severe Headache		<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Glaucoma		<input type="checkbox"/> Stomach, Liver, or Intestinal Problems	
<input type="checkbox"/> Gonorrhea		<input type="checkbox"/> Syphilis	
<input type="checkbox"/> Hearing Impairment		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Tumor	
<input type="checkbox"/> Hemodialysis		<input type="checkbox"/> Thyroid Problems	
<input type="checkbox"/> Herpes		<input type="checkbox"/> Urinary Tract Infections	
<input type="checkbox"/> High blood Cholesterol		<input type="checkbox"/> Other	

G. INFECTIOUS DISEASES

Diseases	Age	Date	Remarks
Chicken Pox			
Hepatitis			
Measles			
Mumps			
Pertussis/Whooping Cough			
Pneumonia			
Polio			
Ruebella			
Scarlet Fever			
Other			

J. FAMILY MEMBER HISTORY

	Mother	Father	Sibling(s)	Grandparent(s)	Children
Enter ages of relatives					
If deceased, indicate age and cause of death					
Check all items that apply for their present state of health or any illness they have had.					
Alcoholism					
Arthritis					
Cancer					
Diabetes					
Emphysema					
Glaucoma					
Heart Condition					
Hemodialysis					
Hepatitis					
High Blood Pressure					
High Blood Cholesterol					
Kidney Disease					
Mental Retardation					
Rheumatic Fever					
Seizures					
Smoking					
Stomach, Liver, or Intestinal problems					
Stroke					
Thyroid Disorders					
Tuberculosis					
Tumor					
Other:					

O. HOSPITALIZATIONS

Hospitalization Type (Includes emergency room visits)	Diagnosis
Admission Date Discharge Date	
Doctor	
Hospital	
Reason	Complications

Hospitalization Type (Includes emergency room visits)	Diagnosis
Admission Date Discharge Date	
Doctor	
Hospital	
Reason	Complications

Hospitalization Type (Includes emergency room visits)	Diagnosis
Admission Date Discharge Date	
Doctor	
Hospital	
Reason	Complications

P. SURGERIES

Date	Doctor	Results
Hospital		
Procedure		
Description		Comments

Date	Doctor	Results
Hospital		
Procedure		
Description		Comments

Date	Doctor	Results
Hospital		
Procedure		
Description		Comments

Date	Doctor	Results
Hospital		
Procedure		
Description		Comments

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Q. LAB OR IMAGING (Examples: X-Rays, MRI, CT Scans, Mammogram)

Test Type	Date	Test Type	Date
Requesting Doctor	Administered by	Requesting Doctor	Administered by
Reason		Reason	
Result		Result	

Test Type	Date	Test Type	Date
Requesting Doctor	Administered by	Requesting Doctor	Administered by
Reason		Reason	
Result		Result	

R. MEDICAL DEVICES (Examples: pacemaker, insulin pumps, breathing devices)

Device Type	Doctor	Device Type	Doctor
Hospital	Date	Hospital	Date
Reason		Reason	

Appendix E: Study Survey

Please Circle the appropriate response for each question. Each question should have only one response, unless noted.

1. **Age Group:** 20 – 29 30 – 39 40 – 49 50 – 59 60 – 69 > 69

2. **Gender:** Female Male

3. **Marital Status:** Single Married Widowed

4. **Ethnicity:**

- a) Caucasian
- a) African American
- b) Asian/Pacific Islander
- c) Hispanic/Latino
- d) Other_____

5. **Highest Level of Education:**

- a) Did not complete High School
- b) High School Diploma or GED
- c) Attended College
- d) Completed College
- e) Graduate School

6. **Insured:** Yes No 7. **Employment Status:** Employed Not Employed Retired

8. **In general, how would you describe your own personal health?**

Very Sick-----Very Healthy
 1 ----- 2 ----- 3 ----- 4 -----5

9. **Choose the best answer for each statement by placing an “X” in the box that most closely reflects your opinion. There are not right or wrong answers.**

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Undecided	Slightly Agree	Moderately Agree	Strongly Agree
If you don't have your health you don't have anything							
There are many things I care about more than my health.							
Good health is only of minor importance in a happy life.							
There is nothing more important than good health							

10. Choose the best answer for each statement. There are not right or wrong answers. Please note that “Strongly Disagree” is now the first choice and “Strongly Agree” has become the last choice.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
If I become sick, I have the power to make myself well again.						
I am directly responsible for my health.						
Whatever goes wrong with my health is my own fault.						
My physical well-being depends on how well I take care of myself.						
When I feel ill, I know it is because I have not been taking care of myself properly.						
I can pretty much stay healthy by taking good care of myself.						

11a. Do you already have a personal health record? Yes or No

11b. If yes, is it on paper, or electronic?

12a. Do you think it’s a good idea to have a PHR? Yes or No

12b. Why or why not?

13a. Do you think that a PHR can help you or your doctor maintain or improve your health?

Yes or No

13b. Why or why not?

Appendix F: Direction and Definitions for Coding

Goal: Determine if survey comments provided by study participants match any, all or none of the four codes noted in the codes section below.

Directions: Review each comment to survey questions provided by participants in the “Text Answers” file and determine if they match in a positive or negative way to any, all, or none of the codes below based on the definitions provided. For comments that match in a positive way, place a “P” in each of the appropriate code columns. If they match in a negative way, place an “N” in the codes column. If there is not a match for that code, leave the column blank. If the comments do not match any codes, mark an “X” in the no match column.

Questions left blank by participants are recorded as a null value. The “Null” column has been marked for those questions and do not require additional coding.

Questions 18, 19, and 20 were conditionally questions based on the participants’ response to question 15. For those participants where questions 18, 19 and 20 were to be skipped, “N/A” is recorded in the comments section and noted in the same named code column. These require no additional coding.

Example: “I think my doctor should keep track of my information for me.” This relates to internal locus of control. However, they are not internal and so I would code this one as negative and enter an “N” in the “Internal HLC” code column.

Codes:

1. **Internal HLC** The Multidimensional Health Locus of Control Scales Form B (MHLC) tool, developed in 1978, measures the belief, called locus of control that a person feels they have over their health. The tool includes three independent Health Locus of Control (HLC) dimensions: (1) internal, (2) powerful others, and (3) chance. **Internal HLC means that the person feels that they can control their own health.** Powerful Others HLC means that a person feels that powerful others, such as doctors, control their health. Chance HLC means it is left to chance and they do not feel that they or anyone else can do anything to control their health (Wallston, 1978 & 1992).
2. **Health Value** - Health is valued by the person. “To the extent that human behavior is under conscious direction, people act in a way that will promote the realization or achievement of the things in life they value. Health is the primary value underlying the behavior” (Lau, Hartman, 1986).
3. **Perceived instrumentality** - the belief that a behavior will have an impact, negatively or positively, on their health, in this case, completing and maintaining the PHR (Norman, 1995)
4. **Self-efficacy**—the feeling that the individual can carry out the (healthy) behavior: in this case, completing and maintaining the PHR (Bandura, 1977 and 1982).

Appendix G: Direction and Definitions for Theme Grouping

GOAL:

Two coders will determine common themes in the text responses for each of seven questions. This will allow the researcher to report summarized data in her thesis.

DIRECTIONS:

1. Working independently the coders review the comments in each of the seven spreadsheets and determine which items should be grouped together based on the question asked and one or more of the definitions in the definition section. You can have more than one theme per item, but the number of themes cannot exceed the number in the column labeled "Count". Mark your group name in the column labeled "Text Analysis Group". At this point it does not matter what you call the group. The rationale column is for your purpose only to make notes for discussing an item with the other code. You would use this for items that might have taken a little more thought to group.

Determine the group based on

- How their response relates to the question they are answering. In some cases you may decide it does not relate at all, and can note that as an NA in the "Text Analysis Group" column.
 - The response to the yes or no portion of the question for questions, 12, 13 and 20
 - The definitions related to the question provided on the next page. The definitions are intended to frame your thought process.
2. Return your spreadsheet to the researcher who will determine your matches with the other coder.
 3. She will report back to you the differences, and you will work together to reach consensus. Where consensus is not reached, the researcher will serve as tie-breaker.
 4. After agreement is reached for all statements, the two coders work together to decide what to call, or name each group. Again, the research will serve as tie-breaker if necessary.
 5. Return the finalized spreadsheet to the researcher.

DEFINITIONS:

Accuracy: the condition or quality of being true, correct, or exact; freedom from error or defect; precision or exactness; correctness

Action: something done or performed

Barrier: anything that restrains or obstructs progress, access, etc or a limit or boundary of any kind

Benefit: something that promotes or enhances well-being; an advantage

Purpose: the reason for which something exists or is done, made, used, etc. or an intended or desired result; end; aim; goal

Reason: a basis or cause, as for some belief, action, fact, event, etc.

Recommendation: anything that serves to recommend a person or thing, or induce acceptance or favor

Resource: something that can be used for support or help (Dictionary.com, 2009)

Question	Definitions to Consider
12. Do you think it's a good idea to have a personal health record (PHR)? Yes or no? Why or why not?	Barrier Benefit Purpose
13. Do you think that a PHR can help you or your doctor maintain or improve your health? Yes or No? Why or why not?	Barrier Benefit Purpose
14. Do you think it will be easy to complete the PHR for yourself? Yes or No? Why or why not?	Barrier Reason Resource
18 How do you think you will find the information that you don't already know, such as immunizations, or stop and start dates of medications?	Accuracy Resource
19. What do you plan to do with the PHR after you complete it?	Action Purpose
20. Do you think it will be easy to keep the PHR up-to-date? Yes or No? Why or why not?	Action Barrier Reason Recommendation
21. Other comments?	Action Barrier Benefit Recommendation

Dictionary.com. *Dictionary*. Retrieved February 12, 2009 from <http://dictionary.reference.com/>.

Appendix H: Reliability Ratings and Supporting Data for Concepts and Beliefs

Question	Number of Responses	No of Concepts	Step 1 (concept counting)	step 2 (mapping to beliefs)
12	88	108	89.81%	77.78%
13	97	109	89.91%	82.57%
14	93	107	90.32%	74.77%
18	59	80	90.00%	77.50%
19	62	87	81.61%	75.86%
20	47	52	92.31%	67.31%
21	22	28	82.14%	n/a
Overall Reliability Rating:			88.02%	75.96%

Theme Counting by Question

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
2	y	Have a centrally-managed, up-to-date record for doctors, insurance companies families, etc	1	1	1
4	y	informed decision making	1	1	1
5	y	allow various providers to share my personal health information and make changes for other providers to view.	2	2	2
8	y	probably makes sense given the fragmented model of care in the US	1	1	1
10	y	I have seen many doctors over the years and until national interoperability is a reality, there is no way to have a complete picture of my health except through a PHR	1	1	1
11	y	it is a good idea in order to keep track of dates, doctors, etc	1	1	1
12	y	reduce several test overlapped	1	1	1
13	y	it saves more time when returning for check-up or follow-up	1	1	1
16	y	to have the info handy, drug interactions, emergencies, etc	2	1	3
18	y	Would save from going through same test again. All your doctors would know what is going on with you !	2	1	2
19	y	if confidentiality is strictly maintained	1	1	1

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
20	y	so your pcp can have this to review when you come in to be seen. Then can draw conclusions based on history. Also nice to have to give to other specialists when needed.	3	2	2
21	y	to know what will be covered with an insurance plan. To provide a consistent record of data to health care providers.	2	2	2
22	y	to help me organize myself and help my family. By going thru this I realize I don't know the name of my husband's doctor.	2	1	2
25	y	it should make diagnosing matters more quickly keeping matters more accurate etc	2	2	2
26	y	I'm terrible about remembering dates and doctors names	1	1	1
28	y	I should have always kept track of any and all times I went to the doctor and hospital	1	1	1
29	y	a good record is gonna always be helpful	1	1	1
30	y and n	if you've had the same doctor then they should have this info. If you're referred then your main doctor should have forwarded your records to them.	1	1	1
33	y	it's good to have a consolidated record of health info	1	1	1
37	y	so that we will have a good idea of where our family health lies	1	1	1
38	y	if my personal physician is not available or if I notice personal changes in my health, the PHR can be diagnostically helpful	2	2	2
39	y	self, family knowledge, but mostly for different providers, health institutions that would need	2	2	2
40	y	keep track of all annual and preventatives	1	1	1
44	y	in case of emergency	1	1	1
45	y	in case of emergency or if you are seeing someone other than your regular PCP they need to know medical history to properly diagnosis	2	1	2
46	y	if you have a chronic condition or history of medical conditions	2	1	2
47	y	have all your medical infor compiled in one place	1	1	1
49	y	phr helps others stay informed of my health in case of emergency	1	1	1
50	y	you should always have if you were very sick they would know all the information there need to know	1	1	1

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
51	y	portability	1	1	1
52	y	is my thesis topic too	1	1	1
53	y	your medical history is on file so that you do not have to remember every minor detail about your history	1	1	1
54	n	I have concerns about the date being accurate and up-to-date as possible. That responsibility is in the hands of the patient and if a provider makes a medical decision based on inaccurate patient entered data, then the consequences can be dire	1	1	1
56	y	I think it would be important in case someone is incapable of taking care of themselves. There would be a record for the family to give the care provider	1	1	1
57	y	good to have your records	1	1	1
58	y	it is good to keep track of everything because when you move or change physicians it will be easier to keep them up to date	1	1	1
59	y	to keep track of what meds to be monitored	1	1	1
60	y	not for me because I am rarely ill, many people are however	1	1	1
61	y	provides health care provider with data necessary to make proper diagnosis and treatment	1	1	1
63	y	information is in one place	1	1	1
67	y	It would be good to have a PHR to show a record of dr visits and medications taken to carry with you in case of a move or an emergency	2	1	2
69	y	easy way for health provider to know my medical history	1	1	1
70	y	to check on your history	1	1	1
71	y	availability of info	1	1	1
74	y	so the docs have an idea about our health	1	1	1
75	y	would be a good idea for the future to determine specific illness	1	1	1
78	y	easier	1	1	1
81	n	may be inaccurate	1	1	1
83	y	to help my doctors keep track	1	1	1
84	y	good resource	1	1	1
85	y	very helpful when changing drs	1	1	1
86	y	because maintaining health records is much beneficial for better diagnosis	1	1	1
88	y	to access info on prior treatments or procedures	1	1	1

Do you think it's a good idea to have a PHR? (Q12)

Survey	Yes	No	Why or why not	Loya	Jaci	Agreed
89	y		we should help manage our own health	1	1	1
91	y		if updated regularly	1	1	1
92	y		for records in case you forget	1	1	1
93	y		efficiency and accuracy of communicating information	1	1	1
94	y		it would provide a more accurate health record	1	1	1
97	y		would assist my doctor	1	1	1
98	y		it can speed up paper work at doctor's office	1	1	1
99	y		1) could help with diagnosis 2) would always have date of procedures, immunizations etc. 3) helpful to always have a list of meds, vitamins and herbs	2	2	2
100	y		less paperwork to do in the office. Good to have in case of emergency	2	2	2
101	y		it sounds good in theory, but how much would it be utilized by a physician - they don't have time to look over that much information	1	1	1
102	y		to keep record for myself so I can allow new doctor or specialists aware of health history. Sometimes they only speak doctor terms that intimidate the patient	2	1	2
103	n		I don't like too many records on file	1	1	1
105	y		for yourself and for your children	1	1	1
108	y		having a PHR is a good way to keep up with your health	1	1	1
110	y		good to keep tabs	1	1	1
112	y		it makes you aware of where you are in your health, good or bad. You can't always remember names of meds especially if your on the ?? Have made several changes	2	1	2
113	y		I take meds to keep myself healthy, vitamins, calcium, Boniva	1	1	1
114	y		If I become ill, my family will know what meds I take, who my doctors are, etc	1	1	1
115	y		I would be able to accurately keep records of my health instead of depending solely on a physician	1	1	1
116	y		reference/history in events of health issue	1	1	1
117	y		so that I have records for doctors or hospital if necessary	1	1	1
119	y		it's needed when going to doctor and/or hospital	1	1	1

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
120	y	so when you go to doctor you can answer their questionnaire accurate and the doctor will know what is going on. Also traveling to have a record with you	2	2	2
122	y	so you know and your doctor knows about your previous health	2	1	2
123	y	because it is good to know and have a record of your health	2	1	1
124	y	it is a great way to keep track of your health	1	1	1
125	y	so the doctor knows what you have had problems with in the past	1	1	1
126	y	based on history, then one has a better understanding of present and future options. One has a better position to participate in their own health care and take more responsibility for one's self.	2	2	2
127	y	to have something on record	1	1	1
128	y	records all in one place, easy to access	1	1	1
129	y	for accurate history	1	1	1
131	y	quick access to information	1	1	1
132	y	have a record for new doctors	1	1	1
133	y	so decisions can be made based on accurate history	1	1	1
			109	98	108
			RR:		0.8981

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
2	y	I think it will be a useful tool if 1) it is always the most up-to-date information on my health 2) I can challenge and correct any incorrect infor in my PHR.	2	2	2
3	y	faster access	1	1	1
4	y	informed decision making	1	1	1
5	y	can make better decisions using current timely data at point of care.	1	1	1
8	n	Won't made sense for healthy people, may work best for those with chronic illness	1	1	1
9	y	gives a full and comprehensive picture of health	1	1	1

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
10	y	I keep a list of my medications and doses, which doctors I have seen frequently consult to help care for me. A full PHR could be even better	1	1	1
11	n	not really sure	1	1	1
12	y	If we went to another country and got sick, it would be a good reference to notify my health	1	1	1
13	y	follow-up quick	1	1	1
16	y	more information might help make better decisions	1	1	1
17	n	my doctor knows me without PHR	1	1	1
18	y	let them know past history and what if anything is going such as high cholesterol or low blood sugar.	2	1	2
19	y	easily accessible and efficient	1	1	1
20	y	so your pcp can have this to review when you come in to be seen. Then can draw conclusions based on history. Also nice to have to give to other specialists when needed.	3	1	3
21	y	hypothetically, it would allow for a more concerted effort by health professionals	1	1	1
22	y	maybe-my doctor may not want what is on the PHR	1	1	1
23	n	it maintains information, doesn't affect health clearly, any reoccurring issues or positive attributes would assist dr and patient in diagnosis. I think that the more detailed the information the more the doctor can help you	1	1	1
24	y	and help future patients.	3	1	1
25	y	accurate consistent history	1	1	1
26	y	keep pmh straight	1	1	1
27	n	y and if they actually read it, it would help	1	1	1
28	y	It would help me to keep track as well	1	1	1
34	y	maybe I may records patterns that would help diagnosis	1	1	1
35	n	It could be beneficial to know the past in order to gain insight into the future	1	1	1
37	y	keep a running tally of ailments and keep progressive ailments in check	1	1	1
38	y	with a PHR, you can look back and see what's helped vs. what hasn't, plus it may help decide the avenue to take to better care for yourself.	2	1	2

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
39	y	make sure both up to date and communicate better	1	1	1
40	y	monitor for change good or bad at your fingertips	1	1	1
41	y	complete information in one place	1	1	1
44	y	it can be kept up-to-date and all docs know what is going on	1	1	1
45	y	it shows history and can help set goals for future health improvements to possible avoid heredity diseases(diabetes and heart disease) then everything is there to access if something new or old occurs and things (tests etc) are not being redone if unnecessary and to see what has been done	2	1	2
46	y	or where to go next	2	2	2
47	y	would have all the info needed	1	1	1
49	y	keep data up to date	1	1	1
50	y	just sensible to have one	1	1	1
51	y	forces focus on health concerns	1	1	1
52	y	digital data management is easier to store, attain, maintain for patient and provider than patient	2	1	1
53	y	PHR would have accurate information on file it can help if it's used properly and the data is accurate	1	1	1
54	y	you would have a list of family medical history	1	2	2
56	y	with the records the doctors will be able to see past health	1	1	1
57	y	The doctor will have access to a huge amount of information about your health history in one document. So the doctor can see everything at once	1	1	1
58	y	doctor can compare and contrast what the person needs	1	1	1
59	y	your habits and history are more transparent allowing the doctor to better diagnose problems	1	1	1
60	y	move information better decisions ?	1	1	1
61	y	information is in one place	1	1	1
63	y	They see how healthy you have been, or what kinds of illnesses you have had	1	1	1
64	y	So he knows what meds I've taken, and what I can't take	1	1	1
65	y	If you were responsible for having a clear PHR then you could be a part of discussion	1	1	1
67	Y	health options	1	1	1

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
68	y	I'm a doctor	1	1	1
69	y	it would be helpful for a doc to know what all I have been through	1	1	1
70	y	to check on your history	1	1	1
75	y	that way both of us would have a better understanding of what may be causing health concerns	2	1	1
78	y	don't have to keep repeating	1	1	1
80	y	it gives comprehensive info in one location	1	1	1
81	n	does not cover everything	1	1	1
83	y	to keep my record on file in one place	1	1	1
84	not sure	he probably already has the info	1	1	1
85	y	it tell the whole story of your help and often dr visits are too rushed to go into your full health history	1	1	1
86	y	he will regularly notices the changes occurred in the body	1	1	1
88	y	to coordinate care and information among physicians	1	1	1
89	y	we should help manage our own health	1	1	1
91	y	if current	1	1	1
92	y	info is already on the PHR and the doctors can read off of that	1	1	1
93	y	it is important to document health history 1)maintain history 2)previous health issues may relate to future issues 3) many problems are inner connected 4) medication can interact with each other and have side effects 5) family genetics are important Coordinates all health information	2	3	2
94	y	it would provide a more accurate health record	1	1	1
95	n	I have very little confidence that any doctor I see would take the time to look at it	1	1	1
97	y	central document for health info	1	1	1
98	y and n	possibly it could rule out previous problems or treatments	1	1	1
99	y	could diagnose sooner	1	1	1
100	y	information is power. Continuity in care	2	1	2
101	y	they could look at family history and make recommendations	2	1	2

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
102	y	keep a phr can help with illness or allergies that might keep coming up with no reason in particular	1	1	1
103	n	I need to be proactive, a record won't help it has helped me in the past with blood pressure	1	1	1
104	y	they know your history and know what they are looking for	1	1	1
105	y	comparisons	1	1	1
108	y	they have a record	1	1	1
110	y	he can see my history at a glance	1	1	1
111	y	it makes you aware of where you are in your health, good or bad. You can't always remember names of meds especially if your on the ?? Have made several changes	2	1	1
112	y	If I have it written down I will give more accurate info to the doctor. I won't omit something I should have told him or her.	1	1	1
114	y	It could reflect my past, present and future of health maintenance	1	1	1
115	y	if history of healthy life, not sure how to improve	1	1	1
116	maybe	to help with records	1	1	1
117	y	accurate history when something new happens	1	1	1
120	y	PHR can detect what medications have helped in the past	1	1	1
122	y	that way they have a way of knowing your past history	1	1	1
123	y	you can see what you're having problems with and what you need to improve on	1	1	1
124	y	if they know that for example a patient gets sinus infection a couple times a year, they can have the patient get allergy shots and allergy medicine to prevent more sinus infections	1	1	1
125	y	I could have a more informed and intelligent conversation with health care professionals and participate in some of the decision making processes and possibly research options	1	1	1
126	y	to have a baseline	1	1	1
127	y	if they have access to full records	1	1	1
128	y	it's the source of the most of complete information	1	1	1
129	y	eliminates errors in memory	1	1	1
131	y		1	1	1

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey	Yes or No	Why or why not	Loya	Jaci	Agreed
132	y	comprehensive	1	1	1
133	y	so decisions can be made based on accurate history	2	1	2
			113	102	109
			RR: 0.89908		

Do you think it will be easy to complete the PHR? (Q14)

Survey	Yes or No	Why or why not	Loya	Jaci	Agreed
1	y	it concerns my health and I know it better	1	1	1
30	n	some dates may not be correct	1	1	1
33	?	might not be able to find all the info requested	1	1	1
9	y	I am interested in my health and would like to see if an overall picture presents itself	2	1	2
50	N	I would like to have help from my doctor	1	1	1
93	N	this form is more detailed than my current PHR. It will just take time to compile the additional information	2	1	1
123	N	some may be easy and some may not be at all	2	1	2
13	y	self-confidence	1	1	1
3	y	relatively few health care providers for me so far	1	1	1
20	N	yes because it is very detailed and may be difficult to remember dates of all my previous medical conditions. No because I have had few long term illnesses and surgeries	2	2	2
11	y	most dates and doctors are fresh in my mind	1	1	1
38	N	no necessarily easy, but possible doable. There is information only your doc has access to	1	2	2
16	y	should not be a problem	1	1	1
19	y	very comprehensible form	1	1	1
25	y	better to complete in my home than in a waiting room	1	1	1
26	y	I have my records somewhere	1	1	1
34	y	for health issues	1	1	1

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
35	y	I am fairly intelligent and can remember what has happened in the past to me	1	1	1
39	y	I know own health pretty well and in medical field	2	1	1
40	y	not very many things to complete for myself	1	1	1
41	y	I have the information	1	1	1
45	y	I stay well informed w my family and my own health history and current status	1	1	1
46	y	most you already know, but sometimes you may need to get from physician	2	1	2
47	y	but time consuming	1	1	1
49	y	pretty straight-forward paperwork	1	1	1
60	y	I am rarely ill	1	1	1
52	n	ahima one doesn't allow for my best data to be shown	1	1	1
67	y	I have had very little needs for medical attention, therefore, a PHR would be easy to complete	1	1	1
57	n	I don't remember everything, unless I take the time to go to my doctors	2	1	2
69	y	most of it would be easy to complete. Some dates would be hard to com up with. If kept track since birth, it would be easier	2	1	2
62	y	I was adopted	1	1	1
71	y	except difficult to remember some of the info	1	1	1
78	y	it was	1	1	1
68	y	I keep records	1	1	1
95	y	few health problems	1	1	1
98	y	most things you know, what you don't could be obtained easily	2	1	2
70	y	it is about me	1	1	1
102	y	my PHR is pretty slim due to my age and how well I have taken care of myself	2	1	2
104	y	mom has everything up to date	1	1	1
75	n	it's always a good idea to have an educated person help out	1	1	1
113	y	I could, the doctor has a chart	1	1	1
114	y	Just takes time	1	1	1
117	y	because I have had to do this in the past. Remember, I am 67	1	1	1
88	y	I have a paper file to use as a source	1	1	1
89	n	time needed to gather the info. Not all providers are cooperative in providing info	2	2	2
99	y	because I journal and most things are listed in my journal	1	1	1

Do you think it will be easy to complete the PHR? (Q14)

Survey No	or No	Why or why not	Loya	Jaci	Agreed
	Yes				
126	y	I have the records mostly. No previous conditions, not complicated history	1	1	1
110	n	I'm not a doctor	1	1	1
112	y	my good health is important to me	1	1	1
129	y	because I'm smart	1	1	1
119	y	I have most of the information written down	1	1	1
2	n	Difficult to remember all past health history, doctor appointments, surgeries, etc.	1	1	1
4	n	Specifics (date/physician) difficult to recall	1	1	1
5	n	will have a hard time remembering information from years ago	1	1	1
8	n	I don't have access to my history beyond what is in my incomplete memory	1	1	1
10	n	Too much information over too many years to enter by hand	1	1	1
17	n	excessive medical history	1	1	1
18	n	some of the doctors I have seen are no longer in practice	1	1	1
21	n	There is too much information for a non-licensed person to provide. Legally, it doesn't seem to make sense.	2	2	2
22	n	I would have to go back thru material I no longer have record of	1	1	1
24	n	no idea of where to look for information	1	1	1
27	n	family history is tough for me	1	1	1
28	n	I don't remember all my doctor visits or hospital visits or admissions	1	1	1
51	n	very complex, I do not understand everything	1	1	1
120	n	past history hard. But on going I will keep it up as stuff happens	2	1	2
53	n	hard to remember medical history	1	1	1
54	n	seems overwhelming and cumbersome	1	1	1
56	n	it would be easier if I were younger then try to go back and remember everything	1	1	1
122	y	with the help of a physician it should be simpler	1	1	1
58	n	I would have to do a lot of research and it would take a lot of time. They should be given to mothers when they take their baby home from the hospital to start from birth	2	1	2
59	n	maybe one variable that you can't control or monitor	1	1	1
61	n	Great deal of data to collect, family history hard to find out about	2	1	2
63	n	some of the information is in different places	1	1	1

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Yes or No	Why or why not	Loya	Jaci	Agreed
64	n	I do not know all the shots I have had	1	1	1
74	n	don't know other family members health problems	1	1	1
124	y	you and the doctor would be able to fill in out based on how you're doing	1	1	1
80	n	may not recall all info	1	1	1
83	n	may not know all answers	1	1	1
84	n	too long	1	1	1
85	n	recalling dates of immunizations, surgeries etc will be difficult	1	1	1
127	y	who knows more about me than me	1	1	1
92	n	I don't know a lot of the answers	1	1	1
97	n	long medical history	1	1	1
101	n	time consuming	1	1	1
105	n	I was adopted	1	1	1
128	y	detailed, but I know most of the information	1	1	1
111	n	I may need to get information from doctors office and they may not be cooperative	1	1	1
115	n	because it will be quit a task to gather past information	1	1	1
116	n	need to research records with prior services/events/history	1	1	1
131	y	records all in a file	1	1	1
125	n	I'm not a doctor	1	1	1
132	n	do not have all records	1	1	1
133	n	exact facts are difficult to know	1	1	1
			108	97	107
			RR: 0.90323		

How do you think you will find the information that you don't already know, such as immunizations, or stop and start date of medications? (Q18)

Survey No	Response	Loya	Jaci	Agreed
3	start by calling my general practitioner	1	1	1
4	call appropriate doctors, estimate	2	1	2
5	Ask my mother and look at past medical information entered	2	1	2
9	I have most of this information	1	1	1
14	Go through my old medical file	1	1	1
15	I will ask my doctor	1	1	1

How do you think you will find the information that you don't already know, such as immunizations, or stop and start date of medications? (Q18)

Survey		Loya	Jaci	Agreed
No	Response			
16	get my records and make calls	2	1	2
18	try to get a hold of my dr offices and get copies of my records	1	1	1
19	check old medical records	1	1	1
20	ask my mother for records and/or contact my pcp	2	1	2
22	if I don't have it I will leave it blank or guess	1	1	1
24	the doctor has the info	1	1	1
25	research, calling doctor offices ask parents	2	1	2
28	I don't know	1	1	1
29	unsure	1	1	1
33	not sure	1	1	1
34	helpful	1	1	1
35	ask for medical records from doctors and hospitals	1	1	1
37	dr office	1	1	1
38	ask dr or medical records department	1	1	1
39	follow-up personal and health care providers records	1	1	1
40	medical provider	1	1	1
41	calling offices	1	1	1
44	medical records from doctors and I keep a personal record	2	2	2
45	check with pcp	1	1	1
46	from physicians office	1	1	1
50	from my doctor's office	1	1	1
51	family and doctor	1	1	1
52	phone, computer, paper	1	3	3
55	my parents probably have that on record, or doctors might	2	2	2
58	I have no idea. It would just be too time consuming for me to have to go back and find all the info	1	1	1
61	I have medical info for last 10 years. Write to doc for immunizations	2	1	2
62	ask office nurse	1	1	1
63	doctor's office	1	1	1
65	doctor	1	1	1
68	I always keep personal records	1	1	1
70	I always keep personal records	1	1	1
71	don't know yet	1	1	1
74	question mark	1	1	1
88	I have all the information already	1	1	1
92	ask my parents or doctor	2	1	2
93	I have all these (and thankfully because my records were destroyed by a fire at my doctors office)	1	1	1
94	check with prior doctors	1	1	1
99	journal	1	1	1

How do you think you will find the information that you don't already know, such as immunizations, or stop and start date of medications? (Q18)

Survey No	Response	Loya	Jaci	Agreed
100	county health records. Current doctor records. Old school records	3	2	3
102	try to contact my doctors, my parents, and own records	3	3	3
104	no!	1	1	1
105	family, dad	1	1	1
107	my records	1	1	1
112	I will have to rely on my memory	1	1	1
114	I only had polio and small pox vaccinations, and I can remember when that was. I only take 2 prescriptions and I haven't taken them very long by contacting physicians. May be difficult because some are deceased	1	1	1
115	The only problem I'll have a problem with is start dates of medications. That's probably impossible have some old bills but will try and ask doctor's office	1	1	1
119	doctor and my mom has most of those things written down	2	1	2
120	probably	3	2	2
124	doctor, pharmacy, health department, school	1	1	1
126	memory	4	4	4
127	contact doctors, pharmacy records	1	1	1
128		2	2	2
129		2	2	2
		79	71	80
			RR:	0.9

What do you plan to do with the PHR after you complete it? (Q19)

Survey No	Response	Loya	Jaci	Agreed
1	Keep track of it. It will be easy for the doctor.	2	1	2
3	store with other legal/important documents	1	1	1
4	store it and update as needed	2	1	2
5	share it with providers	1	1	1
9	see if an overall picture presents itself, perhaps share with general practitioner	2	1	2
12	Keep it and make it a digital file if possible	1	1	1
14	user if for reference	1	1	1
15	save it for later use	1	1	1
16	keep it handy	1	1	1

18	give copy to my doctors and specialists that treat me	1	1	1
19	keep it with important documents for future use	1	1	1
20	give to pcp to have on file	1	1	1
22	file it at work	1	1	1
24	file it	1	1	1
25	keep it at the ready	1	1	1
28	Keep in safe place	1	1	1
29	get a copy to my current doctor	1	1	1
33	not sure	1	1	1
34	keep up to date	1	1	1
35	keep it for when I need it	1	1	1
37	check it annually	1	1	1
38	put it on a disk for future updating. Keep the disc in a safe secure location.	1	1	1
39	keep for mom and dad's multiple doctor's apt	1	1	1
40	keep in my records	1	1	1
41	save it for later use	1	1	1
44	keep it in my personal records	1	1	1
45	usually the doctors office keeps a record of it and I will keep a copy in my safe at home	2	2	2
46	send copy to physician for medical records and keep record in safe place at home	2	2	2
50	keep a copy for me and one to my daughter and doctor	3	3	3
51	maintain it, bring it with me to immediate care visits	2	1	2
52	did not finish/Complete data set	1	1	1
55	hopefully this will speed the process at a doctors office as well as getting doctors my detailed health record	2	1	2
58	keep it filed on the computer so I can update it as needed and print it if needed for dr appointments	2	1	3
61	keep it up to date, provide copies to health care providers	2	1	2
62	save and update, use for reference	2	1	3
63	put it with important papers	1	1	1
65	give to family members	1	1	1
68	put in a safe place	1	1	1
70	Depends on who needs it	1	1	1
71	put it in safekeeping	1	1	1

74	give copies to my children and doctors	2	2	2
88	print a hard copy and keep one on the computer	2	1	2
92	keep it in my files	1	1	1
93	keep it updated electronically and occasionally print	2	1	2
94	give copies to our doctors	1	1	1
99	file and keep updated	2	1	2
100	store in safe, update 1 per year	1	1	1
102	keep it in a place to refer to as I age and visit doctors	2	2	2
104	put in a safe place	1	1	1
105	put in safe deposit box	1	1	1
107	file it	1	1	1
111	put it with other important papers	1	1	1
112	have it in my file and keep it up to date	2	1	2
114	Let my daughter know where it is. Take it with me to Dr, Appointment	2	2	2
115	maintain it and keep with for future appointments	2	1	2
119	keep it with other medical information for next time I visit a new doctor	2	1	2
120	file and take with to all doctor's appointment	2	1	2
124	save it for future use	1	1	1
126	put it in our safe box in bedroom	1	1	1
127	put in my safe	1	1	1
129	keep it current and accessible for when needed	1	1	1
131	put in file folder and take to checkup	2	1	2
		85	69	87

RR: 0.8161

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey	Yes or No	Why or why not?	Loya	Jaci	Agreed
20	y and n	if it is something that I am asked to do when I go to the doctor. No if it requires me to do it on my own time	2	2	2
3	y	not ill very often	1	1	1

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey No	Yes or No	Why or why not?	Loya	Jaci	Agreed
9	y	if it is electronic	2	1	1
18	y	Now that I have it, update it each time I go to the doctor	1	1	1
19	y	keep current updates in areas provided	1	1	1
25	y	don't have to start from scratch. Events were recent	1	1	1
28	y	try to take with me to all future appts	1	1	1
34	y	simple	1	1	1
35	y	update it as things happen	1	1	1
38	y	if you keep updating it as events occur, it should be pretty simple	1	1	1
40	y	take to any appointments	1	1	1
46	y	if as soon as something is done fill that out so you remember everything and it only takes a few minutes	1	1	1
51	y	not as much work, routine, habit, doctor visit (right arrow) PHR	1	1	1
55	y	the hardest part will be finding or remembering past information	1	1	1
58	y	if on the computer it's as easy as balancing my checkbook	1	1	1
61	y	once you have the basic data, it's easy to keep up to date. But it gets large, blood tests, infor, medication changes, etc. Has to be both electronic and paper.	2	2	2
63	y	every time I get something new I could adjust it	1	1	1
65	y	I keep all my medical records	1	1	1
68	y	I keep everything on file due to my wife's illness	1	1	1
70	y	I am always on top of all that. I keep everything	1	1	1
86	y	we can notice ourselves and maintain PHR	1	1	1

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey	Yes or No	Why or why not?	Loya	Jaci	Agreed
88	y	just add to the electronic file - I very rarely go to the doctor - only annual check-ups	1	1	1
92	y	it's important for my health	1	1	1
93	y	I keep my current PHR up to date once info is established - keep a running list	1	1	1
99	y		1	1	1
100	y	yes if I remember to do it each year you can take it with you to any appointment and fill it in before you put it back in your records until the next time	1	1	1
102	y		1	1	1
111	y	once I get it current, I will continue to keep it up-to-date	2	1	2
112	y	I will be doing it for myself and my family	2	1	2
114	y	If I have it with me when I go to the doctor	1	1	1
119	y	I'm fairly used to keeping track of medical information	1	1	1
120	y	taking to doctor's and doing it there as test and/or diagnosis happens	1	1	1
124	y	I think it will be easy, but it will take time	2	1	2
126	y	just do it!	1	1	1
127	y	when you have a change, mark it on the form	1	1	1
128	y	only if doctor can easily send info to update	1	1	1
129	y	because it's important	1	1	1
131	y	will be in front of file	1	1	1
5	n	My health is pretty stable and I do not have much changes in health	1	1	1
12	n	There is no chance to see or review it in everyday life unless it requires	1	1	1
22	n	I don't keep the records I am mandated to keep up to date	1	1	1
24	n	I am a slacker	1	1	1
37	n	time	1	1	1
39	n	due to multiple providers they both see	1	1	1

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey No	Yes or No	Why or why not?	Loya	Jaci	Agreed
45	n	I think it will take an effort on my part because the doctors offices has many patients to keep up with	1	1	1
50	n	you would have to do this each year	1	1	1
52	n	not this version data set. Data set not thorough enough	1	1	1
			53	49	52
			RR:		0.9231

Survey

Survey No	other comments (Q21)	Loya	Jaci	Agreed
2	Who owns the infor, who can change the info. Less valuable if I don't own it's info.	1	1	1
5	I'm concerned about the costs tied to maintaining a PHR. Will insurance plans cover this option	2	1	1
8	The form is too complex. PHRs should be driven off already available electronic data	1	1	1
9	Electronic access is much more convenient	1	1	1
10	PHRs will be virtually worthless to people with a significant medical history until they can automatically download from healthcare providers	1	1	1
12	It would be better if you make an online PHR system for easy access, but it should be secured	1	2	2
16	I think this is a very useful idea	1	1	1
22	Thank you for giving me a PHR so I can get started download to micro chip and keep. Give to MD for	1	1	1
40	visits.	2	2	2
44	The PHR is good for all people. Very important	1	1	1
47	good tool but time consuming	2	1	2
49	heard of PHR but didn't know where or how to access one until this study	1	1	1

	The form appears to be cumbersome. With insurance company requirement mail-in prescription, RX pharmacy infor needs separate pages. All hcp should be on 1 page, most doc offices and hospitals are unprepared to handle electronic data. Only 1 doc in the last 10 years could handle electronic data. Doctors and hospitals only know their specific software. If I give them a disk they just print it. You need to get them up to speed	3	2	2
61	speed			
62	Good idea	1	1	1
	Once you start it, it would be easy from there on out. But getting the past dates would be hard. It would be hard to update a paper version if just updating a phone number, address, etc			
69		3	1	3
	I would be more likely to use a PHR if I knew physician offices and hospitals would accept the information for their records			
89		1	1	1
91	worried that it would be current	1	1	1
	I keep a current miniature spreadsheet in my purse. Etc			
93		1	1	1
	this is a great idea. Starting out young and keep track for things that are bound to come up sooner or later			
102		1	1	1
	I keep a list of my husbands meds in case of emergency			
113		1	1	1
	I would like a medical history or PHR for myself. I would NOT want this info/records in file with anyone else, only share as necessary			
116		2	1	1
	Thanks for getting me to think about this, and hopefully to organize this effort!			
126		1	1	1
		30	25	28

Mapping to Beliefs

Q 12	Loya	Jaci									
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None	Agree or Not
	2		P					N			Not
	4		P					P			Agree
	5		P					P			Agree
	8		P					P			Agree

Q 12	Loya					Jaci						Agree
Survey	LOC	H	PI	SE	None	LOC	H	PI	SE	None	Agree	or Not
No												
10	P							P				Not
11	P							P				Not
12			P					P				Agree
13			P					P				Agree
16	P		P					P				Agree
18	P		P					PPP				Not
19	N							PP				Not
20			PP					P				Not
21	P		P					PP				Not
22	P		P					P				Agree
25	P		P					PP				Not
26			P					P				Agree
28				N				P				Not
29			P					P				Agree
30	N							P				Not
33			P					P				Agree
37			P					P				Agree
38	P		P					P				Agree
39	P		P					P				Agree
40			P					P				Agree

Q 12 Survey No	Loya					Jaci					Agree or Not
	LOC	H	PI	SE	None	LOC	H	PI	SE	None	
44			P					P			Agree
45			PP					PP			Agree
46			PP					PP			Agree
47			P					P			Agree
49			P					P			Agree
50			P					P			Agree
51			P					P			Agree
52					X			P			Not
53 P								P			Not
54			N					P			Not
56			P					P			Agree
57 P								P			Not
58 P								P			Not
59			P					P			Agree
60			P					P			Agree
61			P					P			Agree
63			P					PP			Not
67			PP					P			Not
69			P					P			Agree
70			P					P			Agree
71			P					P			Agree
74			P					P			Agree

Q 12 Survey No	Loya					Jaci					Agree or Not
	LOC	H	PI	SE	None	LOC	H	PI	SE	None	
75			P					P			Agree
78					X			P			Not
81			N					P			Not
83			P					P			Agree
84			P					P			Agree
85			P					P			Agree
86			P					P			Agree
88			P					P			Agree
89 P								P			Not
91			P					P			Agree
92			P					P			Agree
93			P					P			Agree
94			P					P			Agree
97			P					PP			Not
98			P					PP			Not
99			PP					N			Not
100			PP					PP			Agree
101			N					P			Not
102			PP					P			Not
103			N					P			Not
105			P					PP			Not
108 P								P			Not
110 P								P			Not
112 P			P					P			Agree
113			P					P			Agree
114			P					P			Agree
115 P								P			Not

Q 12 Survey No	Loya					Jaci					Agree or Not
	LOC	H	PI	SE	None	LOC	H	PI	SE	None	
116			P					PP			Not
117			P					PP			Not
119			P					P			Agree
120			PP					P			Not
122	P		P					P			Agree
123		P						PP			Not
124		P						P			Not
125	N							P			Not
126	P		P					P			Agree
127			P					P			Agree
128			P					P			Agree
129			P					P			Agree
131			P					N			Not
132			P					N			Not
133			P					N			Not

RR: 0.778

Q 13 Survey No	Loya					Jaci					Agree or Not
	LOC	H	PI	SE	None	LOC	H	PI	SE	None	
2	N			N				P			Not
3			P					P			Agree
4			P					PP			Not
5			P					P			Agree
8			P					P			Agree
9			P					P			Agree

Q 13	Loya	Jaci	
10	P	P	Not
11	N	P	Not
12	P	P	Agree
13	P	P	Agree
16	P	P	Agree
17	N	PP	Not
18	PP	P	Not
19	P	PPP	Not
20	PPP	P	Not
21	P	N	Not
22	N	P	Not
23	N	P	Not
24	P	P	Agree
25	P	P	Agree
26	P	P	Agree
27	P	P	Agree
28	P	PP	Not
34	P	P	Not
35	P	P	Agree
37	P	P	Agree
38	P	P	Agree
39	P	PP	Not
40	P	PP	Not
41	P	P	Agree
44	P	P	Agree
45	P	P	Agree
46	PP	P	Not

Q 13	Loya		Jaci	
	47	P		P Agree
	49	P		P Agree
	50	P		P Agree
	51	P		P Agree
	52	P		P Agree
	53	P		P Agree
	54	PP		P Not
	56	P		P Agree
	57	P		P Agree
	58	P		P Agree
	59	P		P Agree
	60	P		P Agree
	61	P		P Agree
	63	P		? Not
	64	P		P Agree
	65	P		P Agree
	67 P			P Not
	68		X	P Not
	69	P		P Agree
	70	P		P Agree
	75 P			P Not
	78	P		P Agree
	80	P		P Agree
	81	N		P Not
	83	P		P Agree
	84 N			P Not
	85	P		PP Not
	86	P		P Agree
	88	P		P Agree
	89 P			P Not
	91	P		PP Not
	92	P		PP Not

Q 13	Loya		Jaci	
	93	PP		P Not
	94	P		P Agree
	95	N		P Not
	97	P		P Agree
	98	P		N? Not
	99	P		P Agree
	100	PP		P Not
	101	PP		P Not
	102	P		P Agree
	103 N			P Not
	104 P			P Not
	105	P		P Agree
	108	P		P Agree
	110	P		P Agree
	111	P		P Agree
	112 P			P Not
	114 P			P Not
	115	P		P Agree
	116	N		P Not
	117	P		P Agree
	120	P		P Agree
	122	P		PP Not
	123	P		N Not
	124 P			P,N Not
	125	P		N Not

Q 13	Loya		Jaci		
	126	P		N	Not
	127	P		N	Not
	128	P		P	Agree
	129	P		N	Not
	131	P		N	Not
	132	P		N	Not
	133	PP		N	Not

RR: 0.826

Q 14	Loya		Jaci								
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None	Agree or Not
1		P							P,N		Not
2				N					N		Agree
3				P					P		Agree
4				N					N		Agree
5				N					N		Agree
8				N					N		Agree
9		P							N,P		Not
10				N					N		Agree
11				P					P		Agree
13				P					P		Agree
16				P					P		Agree
17				N					N		Agree
18				N					N		Agree
19				P					P		Agree
20				NN					PP		Not
21	N			N					N		Agree
22				N					N		Agree

Q 14	Loya					Jaci					Agree or Not	
	Surve y No	LOC	H	PI	SE	None	LOC	H	PI	SE		None
	24				N					N		Agree
	25				P					P		Agree
	26				P					P		Agree
	27				N					N		Agree
	28				N					N		Agree
	30				N					N		Agree
	33				N					N		Agree
	34				P					P		Agree
	35				P					P		Agree
	38				P					?-need it or have it		Not
	39	P								P		Not
	40				P					P		Agree
	41	P			P					P		Agree
	45	P								P		Not
	46	P			P					P		Agree
	47				P					P		Agree
	49				P					P		Agree
	50				P					P		Agree
	51				N					N		Agree
	52					x				N		Not
	53				N					N		Agree
	54				N					N		Agree
	56				N					N		Agree
	57				NP					P		Not
	58		P		N					N		Agree
	59				N					N		Agree
	60				P					P		Agree
	61				N					N		Agree

Q 14	Loya	Jaci									Agree or Not	
		Surve y No	LOC	H	PI	SE	None X	LOC	H	PI		SE
		62								P		Not
		63				N				N		Agree
		64				N				N		Agree
		67				P				P		Agree
		68	P							P		Not
		69				PN				PN		Agree
		70	P							P		Not
		71				P				P		Agree
		74				N				N		Agree
		75	N							P		Not
		78				P				P		Agree
		80				N				N		Agree
		83				N				N		Agree
		84				N				N		Agree
		85				N				N		Agree
		88	P							P		Not
		89				PP				P		Not
		92				N				N		Agree
		93				P				P		Agree
		95				P				P		Agree
		97				N				N		Agree
		98	P			P				P		Agree
		99	P							P		Not
		101				N				N		Agree
		102		P		P				P		Agree
		104				P				P		Agree
		105				N				N		Agree
		110	N							P		Not
		111				N				N		Agree
		112		P						P		Not
		113				P				P		Agree
		114				P				P		Agree
		115				N				N		Agree

Q 14		Loya					Jaci					Agree or Not
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None		
116				N					N		Agree	
117				P					P		Agree	
119	P								P		Not	
120				N and P					N		Not	
122	N								N		Not	
123				PN					PN		Agree	
124	N								P		Not	
125				N					N		Agree	
126		P		P					P		Agree	
127	P								N		Not	
128	P								N		Not	
129				P					P		Agree	
131	P								N		Not	
132				N					N		Agree	
133				N					N		Agree	
											0.748	

Q 18		Loya					Jaci					Agree or Not
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None		
3				P					P		Agree	
4				PN					PP		Not	
5				PP					P		Agree	
9	P								P		Not	
14	P								P		Not	
15				P					P		Agree	
16				PP					P		Agree	
18				P					P		Agree	
19				P					P		Agree	
20				PP					P		Agree	
22				N					P		Not	
24				P					P		Agree	
25				PP					P		Agree	
28				N					N		Agree	
29				N					N		Agree	

33		N		N	Agree
34			X	?	Agree
35		P		P	Agree
37		P		P	Agree
38		P		P	Agree
39		P		P	Agree
40		P		P	Agree
41		P		P	Agree
44	P	P		P	Agree
45		P		P	Agree
46		P		P	Agree
50		P		P	Agree
51		P		P	Agree
52		PPP		P	Agree
55		PP		P	Agree
58		N		N	Agree
61	P	P		P	Agree
62		P		P	Agree
63		P		P	Agree
65		P		P	Agree
68	P			P	Not
70	P			P	Not
71		N		N	Agree
74		N		?	Not
88	P			P	Not
92		PP		P	Agree
93	P			P	Not
94		P		P	Agree
99	P			P	Not
100		PPP		P	Agree
102	P	PP		P	Agree
104			x	N	Not
105		P		P	Agree
107	P			P	Not
112		N		P	Not
114	P			P	Not
115		P		P	Agree
119		N		P	Not
120	P	P		P	Not
124		PP		P	Agree
126			X	P	Not

127		PPPP		P	Agree
128		N		P	Not
129		PP		P	Agree

RR: 0.775

Q19	Loya					Jaci					Agree or Not
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None	
1			P	P				P			Agree
3			P					P			Agree
4			P	P				P			Not
5			P					P			Agree
9			P					P			Agree
12			P					P			Agree
14			P					P			Agree
15			P					P			Agree
16			P					P			Agree
18			P					P			Agree
19			P					P			Agree
20			P					P			Agree
22			P					P			Agree
24			P					P			Agree
25			P					P			Agree
28			P					P			Agree
29			P					P			Agree
33					X			N			Not
34				P				P			Not
35			P					P			Agree
37			P					P			Agree
38				P				P			Not
39			P					P			Agree
40			P					P			Agree
41			P					P			Agree
44			P					P			Agree
45			P					P			Agree

Q19	Loya					Jaci					Agree or Not	
	Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE		None
	46			P					P			Agree
	50			P	P				P			Not
	51			P	P				P			Not
	52			N					P			Not
	55			P					P			Agree
	58			P	P				PPP			Not
	61			P	P				P			Not
	62			P	P				P			Not
	63			P					P			Agree
	65	N							P			Not
	68			P					P			Agree
	70					X			P			Not
	71			P					P			Agree
	74	N		P					P			Agree
	88			P	P				P			Agree
	92			P					P			Agree
	93			P	P				P			Not
	94			P					P			Agree
	99			P	P				P			Agree
	100			P	P				P			Agree
	102			P					P			Agree
	104			P					P			Agree
	105			P					P			Agree
	107			P					P			Agree
	111			P					P			Agree
	112			P					P			Agree
	114			PP					P			Not

Q19		Loya					Jaci					Agree or Not
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None		
115			P	P				P			Not	
119			P	P				P			Not	
120			P					P			Agree	
124			P					P			Agree	
126			P					P			Agree	
127			P					P			Agree	
129				P				P			Not	
131			P	P				P			Not	
RR:											0.759	

Q20		Loya					Jaci					Agree or Not
Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE	None		
3				P					P		Agree	
5				P					P		Agree	
9				P					P		Agree	
12				N					P		Not	
18				P					P		Agree	
19				P					P		Agree	
20	N			N					P,N		Not	
22				N					N		Agree	
24				N					N		Agree	
25				P					P		Agree	

Q20	Loya					Jaci					Agree or Not	
	Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE		None
	28				P					P		Agree
	34				P					P		Agree
	35				P					P		Agree
	37				N					N		Agree
	38				P					P		Agree
	39				N					N		Agree
	40				P					P		Agree
	45	N								N		Not
	46				P					P		Agree
	50				N					P		Not
	51				P					P		Agree
	52			N						?-just this version or any		Not
	55					X				P		Not
	58				P					P		Agree
	61				PP					P		Agree
	63				P					P		Agree
	65				P					P		Agree
	68				P					P		Agree
	70									P		Not

Q20	Loya					Jaci					Agree or Not	
	Survey No	LOC	H	PI	SE	None	LOC	H	PI	SE		None
	86	P								P		Not
	88				P					P		Agree
	92		P							P		Not
	93				P					P		Agree
	99				P					P		Agree
	100				N					P		Not
	102				P					P		Agree
	111									PP		Not
	112	P								PP		Not
	114				N					P		Not
	119				P					P		Agree
	120				P					P		Agree
	124				P					P		Agree
	126				P					P		Agree
	127				P					P		Agree
	128	N								P		Not
	129		P							P		Not
	131				P					P		Agree
												RR: 0.673

Appendix I: Reliability Ratings for Theme Grouping

Question	Round 1 (Percent)	Round 2 (Percent)
12	57.1	68.5
13	63.7	62.9
14	22.4	63.6
18	72.7	76.0
19	94.2	81.6
20	51	69.2
21	39.3	88.8
Average	57.2	72.9

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
2	y	Have a centrally-managed, up-to-date record for doctors, insurance companies families, etc	1	accessible	Healthcare Industry Use	1	Comprehensive	
4	y	informed decision making allow various providers to share my personal health information and make changes for other providers to view.	1	diagnosing	Personal Use	0	Diagnosing/ Decision Making	
5	y	probably makes sense given the fragmented model of care in the US	2	providers	Healthcare Industry Use	1	Share with other HCPs	
8	y	I have seen many doctors over the years and until national interoperability is a reality, there is no way to have a complete picture of my health except through a PHR	1	good	Accuracy	1	Comprehensive	
10	y	it is a good idea in order to keep track of dates, doctors, etc	1	record	Accuracy	1	Comprehensive	
11	y	etc	1	awareness	Organization	0	Improve patient involvement	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
12	y	reduce several test overlapped it saves more time when returning for check-up or follow-up	1	time saving	Testing	1	Avoid duplicating procedures	
13	y		1	time saving	Healthcare Industry Use	0	Saves time	
16	y	to have the info handy, drug interactions, emergencies, etc Would save from going through same test again. All your doctors would know what is going on with you !	3	emergency	Emergency s/ Healthcare Industry Use	1	Emergency	
18	y		2	time saving	Testing	1	Avoid duplicating procedures	
19	y	if confidentiality is strictly maintained so your pcp can have this to review when you come in to be seen. Then can draw conclusions based on history. Also nice to have to give to other specialists when needed.	1	conditional	Confidentiality	1	If confidential	
20	y	to know what will be covered with an insurance plan. To provide a consistent record of data to health care providers.	2	doctor	Healthcare Industry Use	2	Diagnosing/ Decision Making	
21	y	to help me organize myself and help my family. By going thru this I realize I don't know the name of my husband's doctor. it should make diagnosing matters more quickly keeping matters more accurate etc	2	providers	Healthcare Industry Use	comment	Comprehensive	
22	y		2	record	Organization	1	Improve patient involvement	
25	y		2	accuracy	Healthcare Industry Use	1	Diagnosing/ Decision Making	
26	y	I'm terrible about remembering dates and doctors names I should have always kept track of any and all times I went to the doctor and hospital	1	record	Organization	1	Accurate information	
28	y		1	record	Organization	1	Comprehensive	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
29	y	a good record is gonna always be helpful	1	record	Personal Use	1	Comprehensive	
30	n	if you've had the same doctor then they should have this info. If you're referred then your main doctor should have forwarded your records to them.	1	no interest	Healthcare Industry Use	0	Not necessary	
33	y	it's good to have a consolidated record of health info so that we will have a good idea of where our family health lies	1	accessible	Organization	1	Comprehensive	
37	y	if my personal physician is not available or if I notice personal changes in my health, the PHR can be diagnostically helpful	1	family	Personal Use	1	Improve patient involvement	
38	y	self, family knowledge, but mostly for different providers, health institutions that would need keep track of all annual and preventatives in case of emergency	2	doctor	Healthcare Industry Use/ Personal Use	1	Improves patient involvement/Share with other HCP	
39	y	if you are seeing someone other than your regular PCP they need to know medical history to properly diagnosis if you have a chronic condition or history of medical conditions	2	family/ providers	Healthcare Industry Use/ Personal Use	2	Improve patient involvement/Share with other HCPs	
40	y	have all your medical infor compiled in one place	1	record	Personal Use	1	Comprehensive	
44	y	phr helps others stay informed of my health in case of emergency	1	emergency	Emergency/ Healthcare Industry Use	1	Emergency	
45	y	if you have a chronic condition or history of medical conditions	2	emergency	Emergency/ Healthcare Industry Use	1	Emergency/Share with other HCP	
46	y	have all your medical infor compiled in one place	2	ill	Health Problems	1	Unnecessary for well people	
47	y	phr helps others stay informed of my health in case of emergency	1	accessible	Organization	1	Comprehensive	
49	y	of emergency	1	emergency	Emergency	1	Emergency	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not you should always have if you were very sick they would know all the information there	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
50	y	need to know	1	ill	Emergency	0	Comprehensive	
51	y	portability is my thesis topic	1	accessible	Portability	1	Comprehensive	
52	y	too	1	NA	-	comment	n/a	
53	y	your medical history is on file so that you do not have to remember every minor detail about your history I have concerns about the date being accurate and up-to-date as possible. That responsibility is in the hands of the patient and if a provider makes a medical decision based on inaccurate patient entered data, then the consequences can be dire	1	record/accessible	Personal Use	1	Accurate information	
54	n	I think it would be important in case someone is incapable of taking care of themselves. There would be a record for the family to give the care provider	1	inaccurate	Inaccurate	1	Concerns about accuracy	
56	y	good to have your records	1	emergency	Emergency	1	Emergency	
57	y	it is good to keep track of everything because when you move or change physicians it will be easier to keep them up to date to keep track of what meds to be monitored	1	good	Personal Use	0	Improve patient involvement	
58	y	not for me because I am rarely ill, many people are however provides health care provider with data necessary to make proper diagnosis and treatment	1	doctor	Organization/Healthcare Industry Use	1	Share with other HCPs	
59	y		1	meds	Medications	1	Tracking Medications	
60	y		1	ill	Personal Use	0	Unnecessary for well people	
61	y		1	diagnosing	Organization/Healthcare Industry Use	1	Diagnosing/ Decision Making	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not information is in	count	Amanda	Lauren Organization	Agree	Proposed Group Name	New Proposed Group Name
63	y	one place It would be good to have a PHR to show a record of dr visits and medications taken to carry with you in case of a move or	1	accessible	Organization	1	Comprehensive	
67	y	an emergency easy way for health provider to know my medical history	2	emergency	Emergency/Healthcare Industry Use/Medications Healthcare Industry	1	Emergency/Share with other HCP	
69	y	to check on your history	1	awareness	Use	1	Comprehensive	
70	y	availability of info	1	awareness	Personal Use Organization	1	Improve patient involvement	
71	y	so the docs have an idea about our health	1	accessible	Use	1	Comprehensive	
74	y	would be a good idea for the future to determine specific illness	1	awareness	Healthcare Industry Use	1	Diagnosing/Decision Making	
75	y	easier	1	diagnosing	Healthcare Industry Use	1	Diagnosing/Decision Making	
78	y	may be inaccurate	1	good	Personal Use	0	Improve patient involvement	
81	n	to help my doctors keep track	1	inaccurate	Inaccurate Healthcare Industry Use	1	Concerns about accuracy	
83	y	good resource	1	awareness	Personal Use Healthcare Industry	0	Improve patient involvement	
84	y	very helpful when changing drs because maintaining health records is much beneficial for better diagnosis	1	good	Use	1	Share with other HCPs	
85	y	to access info on prior treatments or procedures	1	doctor	Healthcare Industry Use	1	Diagnosing/Decision Making	
86	y	we should help manage our own health	1	time saving/awareness	Healthcare Industry Use	1	Comprehensive	
88	y	if updated regularly for records in case you forget	1	awareness	Personal Use Update	1	Improves patient involvement	
89	y	efficiency and accuracy of communicating information	1	conditional	Issues Organization	0	If updated	
91	y	it would provide a more accurate health record	1	record	Organization	1	Comprehensive	
92	y		1	accuracy	Healthcare Industry Use	1	Accurate information	
93	y		1	accuracy	Accuracy	1	Accurate information	
94	y		1	accuracy		1	Accurate information	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
97	y	would assist my doctor it can speed up paper work at doctor's office	1	diagnosing	Healthcare Industry Use	1	Diagnosing/ Decision Making	
98	y	1) could help with diagnosis 2) would always have date of procedures, immunizations etc. 3) helpful to always have a list of meds, vitamins and herbs	1	time saving	Organization	0	Saves time	
99	y	less paperwork to do in the office. Good to have in case of emergency it sounds good in theory, but how much would it be utilized by a physician - they don't have time to look over that much information to keep record for myself so I can allow new doctor or specialists aware of health history. Sometimes they only speak doctor terms that intimidate the patient	2	diagnosing/ awareness	Healthcare Industry Use/Personal Use	1	Diagnosing/ Decision Making	
100	y	I don't like too many records on file	2	time saving/ emergency	Emergency/ Organization	1	Emergency	
101	y	I don't like too many records on file	1	conditional	Time consuming	0	HCP may not use	
102	y	I don't like too many records on file	2	doctor/ understanding	Healthcare Industry Use	1	Share with other HCPs	
103	n	I don't like too many records on file	1	too much paperwork	Too much paper	1	Not interested	
105	y	for yourself and for your children	1	family	Personal Use	1	Improve patient involvement	
108	y	having a PHR is a good way to keep up with your health	1	awareness	Personal Use	1	Improves patient involvement	
110	y	good to keep tabs it makes you aware of where you are in your health, good or bad. You can't always remember names of meds especially if your on the generic	1	awareness	Personal Use	1	Improves patient involvement	
112	y	Have made several changes	2	awareness	Personal Use/Medications	1	Improves patient involvement	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
113	y	I take meds to keep myself healthy, vitamins, calcium, Boniva If I become ill, my family will know what meds I take, who my doctors are, etc	1	meds	Medications	1	Tracking Medications	
114	y	I would be able to accurately keep records of my health instead of depending solely on a physician reference/history in events of health issue	1	emergency	Emergency	1	Emergency	
115	y	so that I have records for doctors or hospital if necessary it's needed when going to doctor and/or hospital	1	accuracy	Personal Use	1	Improves patient involvement	
116	y	so when you go to doctor you can answer their questionnaire accurate and the doctor will know what is going on. Also traveling to have a record with you	1	record	Personal Use	1	Comprehensive	
117	y		1	doctor	Healthcare Industry Use/Personal Use	1	Comprehensive	
119	y		1	doctor	Healthcare Industry Use	1	Share with other HCPs	
120	y		2	diagnosing/accessible	Emergency/Healthcare Industry Use	1	Diagnosing/Decision Making	
122	y	so you know and your doctor knows about your previous health because it is good to know and have a record of your health	2	awareness	Healthcare Industry Use/Personal Use	1	Diagnosing/Decision Making	
123	y		1	awareness	Personal Use	1	Improves patient involvement	
124	y	it is a great way to keep track of your health so the doctor knows what you have had problems with in the past based on history, then one has a better understanding of present and future options. One has a better position to participate in their own health care	1	awareness	Personal Use	1	Improves patient involvement	
125	y		1	awareness	Healthcare Industry Use	1	Diagnosing/Decision Making	
126	y		2	diagnosing/awareness	Personal Use	1	Improve patient involvement/diagnosing/decision making	

Do you think it's a good idea to have a PHR? (Q12)

Survey No	Y or N	Why or why not and take more responsibility for one's self.	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
127	y	to have something on record	1	record	Personal Use	1	Comprehensive	
128	y	records all in one place, easy to access	1	accessible	Organization	1	Comprehensive	
129	y	for accurate history	1	accuracy	Personal Use	1	Accurate information	
131	y	quick access to information	1	accessible	Organization	1	Comprehensive	
132	y	have a record for new doctors	1	doctor	Healthcare Industry Use	1	Share with other HCPs	
133	y	so decisions can be made based on accurate history	1	accuracy	Healthcare Industry Use	1	Diagnosing/Decision Making	
			108			75		
						RR:	0.6944	

Do you think that a PHR can help you or your doctor improve your health? (Q13)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
2	y	I think it will be a useful tool if 1) it is always the most up-to-date information on my health 2) I can challenge and correct any incorrect infor in my PHR.	2	conditional	Accuracy	0	if maintained and/or accurate	
3	y	faster access	1	accessible	Convenient	1	accessible	
4	y	informed decision making can make better decisions using current timely data	1	diagnosing	Decision Making	1	Diagnosing/Decision Making	
5	y	at point of care.	1	diagnosing	Decision Making	1	Diagnosing/Decision Making	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
8	n	Won't made sense for healthy people, may work best for those with chronic illness	1	ill	Ill only	1	Unnecessary for well people	
9	y	gives a full and comprehensive picture of health I keep a list of my medications and doses, which doctors I have seen frequently consult to help care for me. A full PHR could be even better	1	complete	Organization	1	Comprehensive	
10	y	not really sure	1	doctor info	Organization	0	Comprehensive	
11	n	If we went to another country and got sick, it would be a good reference to notify my health	1	not useful	unsure	1	n/a	
12	y	follow-up quick	1	emergency	emergency	1	Emergency	
13	y	more information might help make better decisions	1	saves time	n/a	0	Saves time	
16	y	my doctor knows me without PHR	1	diagnosing	Decision Making	1	Diagnosing /Decision Making	
17	n	let them know past history and what if anything is going such as high cholesterol or low blood sugar.	1	dr already has info	Dr. has info	1	HCP does not need	
18	y	easily accessible and efficient so your pcp can have this to review when you come in to be seen. Then can draw conclusions based on history. Also nice to have to give to other specialists when needed.	2	complete/doc tor info	Dr. Use	1	Comprehensive	
19	y	hypothetically, it would allow for a more concerted effort by health professionals maybe-my doctor may not want what is on the PHR	1	accessible	n/a	0	accessible	
20	y		3	diagnosing	Dr. Use	1	Diagnosing /Decision Making	
21	y		1	doctor info	Dr. Use	1	Diagnosing /Decision Making	
22	y		1	not useful	Maybe	1	HCP may not use	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
23	n	it maintains information, doesn't affect health clearly, any reoccurring issues or positive attributes would assist dr and patient in diagnosis. I think that the more detailed the information the more the doctor can help you and help future patients.	1	managing info	n/a	1	Only a record	
24	y	accurate consistent history	1	diagnosing	Collaborate	0	Diagnosing /Decision Making	
25	y		1	accuracy	Accuracy	1	Accurate information	
26	y	keep pmh (past medical history) straight if they actually read it, it would help	1	managing info	Organization	0	Diagnosing /Decision Making	*keeping info straight means accurate
27	y		1	conditional	Dr. Use	0	HCP may not use	
28	y	It would help me to keep track as well maybe I may records patterns that would help diagnosis	1	record	Personal Use	1	Improves patient involvement	
34	y	It could be beneficial to know the past in order to gain insight into the future	1	diagnosing	Dr. Use	1	Diagnosing /Decision Making	
35	n	keep a running Talley of ailments and keep progressive ailments in check with a PHR, you can look back and see what's helped vs. what hasn't, plus it may help decide the avenue to take to better care for yourself. make sure both up to date and communicate better	1	diagnosing	Personal Use	0	Diagnosing /Decision Making	
37	y		1	diagnosing	Personal Use	0	Improves patient involvement	
38	y		2	diagnosing	Personal Use	0	Diagnosing /Decision Making	
39	y		1	complete	Collaborate	0	Improves patient involvement	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
40	y	monitor for change good or bad at your fingertips	1	understanding	Personal Use	1	Saves time	
41	y	complete information in one place	1	complete/accessible	Organization	1	Comprehensive	
44	y	it can be kept up-to-date and all docs know what is going on	1	complete/doctor info	Dr. Use	1	Comprehensive	
45	y	it shows history and can help set goals for future health improvements to possible avoid heredity diseases(diabetes and heart disease) then everything is there to access if something new or old occurs and things (tests etc) are not being redone if unnecessary and to see what has been done or where to go next	2	understanding	Personal Use	2	Diagnosing /Decision Making	
46	y	would have all the info needed	2	complete/accessible/saves time	Dr. Use	1	Comprehensive	
47	y	keep data up to date	1	complete	Accuracy	1	Comprehensive	
49	y	just sensible to have one	1	complete	Accuracy	1	Comprehensive	
50	y		1	good	Smart	1	n/a	
51	y	forces focus on health concerns	1	understanding	Dr. Use	0	Diagnosing /Decision Making	
52	y	digital data management is easier to store, attain, maintain for patient and provider than patient PHR would have	1	managing info	n/a	1	If electronic	
53	y	accurate information on file	1	complete/accurate	Accuracy	1	Accurate information	
54	y	it can help if it's used properly and the data is accurate	2	conditional	Accuracy	0	if maintained and/or accurate	
56	y	you would have a list of family medical history	1	managing info	n/a	1	Comprehensive	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not with the records the doctors will be able to see past health	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
57	y	The doctor will have access to a huge amount of information about your health history in one document. So the doctor can see everything at once	1	doctor info	Dr. Use	1	Diagnosing /Decision Making	
58	y	doctor can compare and contrast what the person needs your habits and history are more transparent allowing the doctor to better diagnose problems	1	doctor info/accessible	Dr. Use	1	Comprehensive	
59	y	move information better decisions ? information is in one place	1	diagnosing	Dr. Use	1	Diagnosing/Decision Making	
60	y	They see how healthy you have been, or what kinds of illnesses you have had	1	diagnosing	Dr. Use	1	Diagnosing /Decision Making	
61	y	So he knows what meds I've taken, and what I can't take	1	diagnosing	Dr. Use	1	Diagnosing /Decision Making	
63	y	If you were responsible for having a clear PHR then you could be a part of discussion health options	1	accessible	Organization	1	accessible	
64	y		1	doctor info	Dr. Use	1	Diagnosing /Decision Making	
65	y		1	doctor info	Dr. Use	1	Diagnosing /Decision Making	
67	Y		1	understanding	Collaborate	0	Improves patient involvement	
68	y	I'm a doctor it would be helpful for a doc to know what all I have been through	1	NA	n/a	0	Diagnosing /Decision Making	
69	y		1	doctor info	Dr. Use	1	Diagnosing /Decision Making	
70	y	to check on your history that way both of us would have a better understanding of what may be	1	managing info	Personal Use	0	Improves patient involvement	
75	y		1	understanding	Collaborate	0	Improves patient involvement	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not causing health concerns	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
78	y	don't have to keep repeating it gives comprehensive info in one location	1	saves time	Complete	0	Saves time	
80	y		1	complete/accessible	Organization not comprehensive	1	Comprehensive	
81	n	does not cover everything to keep my record on file in one place	1	not useful	Organization	1	not comprehensive	
83	y	he probably already has the info	1	accessible	Organization	1	accessible	
84	n	it tell the whole story of your help and often dr visits are too rushed to go into your full health history	1	dr already has info	Dr. has info	1	HCP does not need	
85	y	he will regularly notices the changes occurred in the body	1	complete	complete	1	Comprehensive	
86	y		1	doctor info	n/a	0	Diagnosing /Decision Making	
88	y	to coordinate care and information among physicians	1	managing info	Collaborate	0	Comprehensive	* use info to receive the best care so more diagnosing/decision making
89	y	we should help manage our own health	1	managing info	Collaborate	0	Improves patient involvement if maintained and/or accurate	
91	y	if current info is already on the PHR and the doctors can read off of that	1	conditional	Current	1	Diagnosing /Decision Making	
92	y		1	diagnose quicker/dr info	Dr. Use	1	Diagnosing /Decision Making	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not it is important to document health history 1)maintain history 2)previous health issues may relate to future issues 3) many problems are inner connected 4) medication can interact with each other and have side effects 5) family genetics are important Coordinates all health information it would provide a more accurate health record I have very little confidence that any doctor I see would take the time to look at it central document for health info possibly it could rule out previous problems or treatments	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
93	y	health information	2	record	Complete	2	Comprehensive/ diagnosis/ Decision making	
94	y	health record	1	accurate	Accuracy	1	Accurate information	
95	n	I have very little confidence that any doctor I see would take the time to look at it	1	not useful	Maybe, Dr. may not use	1	HCP may not use	
97	y	central document for health info possibly it could rule out previous problems or treatments	1	managing info	n/a	1	Comprehensive	
98	y	could diagnose sooner information is power. Continuity in care they could look at family history and make recommendations keep a phr can help with illness or allergies that might keep coming up with no reason in particular I need to be proactive, a record won't help	1	diagnose quicker	Decision Making	1	Diagnosing /Decision Making	
99	y	could diagnose sooner information is power. Continuity in care they could look at family history and make recommendations keep a phr can help with illness or allergies that might keep coming up with no reason in particular I need to be proactive, a record won't help	1	diagnose quicker	Decision Making	1	Diagnosing /Decision Making	
100	y	they could look at family history and make recommendations keep a phr can help with illness or allergies that might keep coming up with no reason in particular I need to be proactive, a record won't help	2	understanding	n/a	0	Comprehensive	
101	y	they could look at family history and make recommendations keep a phr can help with illness or allergies that might keep coming up with no reason in particular I need to be proactive, a record won't help	2	diagnosing	Decision Making	1	Diagnosing /Decision Making	
102	y	coming up with no reason in particular I need to be proactive, a record won't help	1	diagnosing/record	Personal Use	0	Diagnosing /Decision Making	
103	n	coming up with no reason in particular I need to be proactive, a record won't help	1	not useful	n/a	0	Only a record	
104	y	it has helped me in the past with blood pressure they know your history and know what they are looking for	1	diagnosing/record	n/a	0	Diagnosing /Decision Making	
105	y	it has helped me in the past with blood pressure they know your history and know what they are looking for	1	diagnosing	?	0	Diagnosing /Decision Making	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
108	y	comparisons	1	NA	Compare	0	Diagnosing /Decision Making	
110	y	they have a record	1	record	n/a	0	Comprehensive	
111	y	he can see my history at a glance it makes you aware of where you are in your health, good or bad. You can't always remember names of meds especially if your on the ?? Have made several changes	1	record	Personal Use	1	Diagnosing /Decision Making	
112	y	If I have it written down I will give more accurate info to the doctor. I won't omit something I should have told him or her.	1	understandin g	Personal Use	1	Improves patient involvement	
114	y	It could reflect my past, present and future of health	1	accurate	Accuracy	1	Accurate information	
115	y	maintenance if history of healthy life, not sure how to improve	1	complete	Complete	1	Comprehensive	
116	n	to help with records	1	not useful	n/a	0	Unnecessary for well people	
117	y	accurate history when something new happens	1	record	Complete/Accurate	1	Comprehensive	
120	y	PHR can detect what medications have helped in the past	1	accuracy	Complete	1	Accurate information	
122	y	that way they have a way of knowing your past history	1	ill/diagnosin g	Complete/Accurate	0	Diagnosing /Decision Making	
123	y	you can see what you're having problems with and what you need to improve on	1	record	Complete	1	Comprehensive	
124	y		1	ill	Personal Use	1	Improves patient involvement	

Do you think that a PHR can help you or your doctor improve your health?
(Q13)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
125	y	if they know that for example a patient gets sinus infection a couple times a year, they can have the patient get allergy shots and allergy medicine to prevent more sinus infections I could have a more informed and intelligent conversation with health care professionals and participate in some of the decision making processes and possibly research options	1	ill	Decision Making	1	Diagnosing /Decision Making	
126	y		1	understandin g	Decision Making	1	Improves patient involvement	
127	y	to have a baseline if they have access to full records it's the source of the most of complete information	1	understandin g	n/a	0	Diagnosing /Decision Making	
128	y		1	complete	Complete	1	Comprehensive	
129	y		1	complete	Complete	1	Comprehensive	
131	y	eliminates errors in memory	1	accuracy	Accuracy	1	Accurate information	
132	y	comprehensive	1	complete	Complete	1	Comprehensive	
133	y	so decisions can be made based on accurate history	1	accuracy/dia gnosing	Accuracy	1	Diagnosing /Decision Making	
			108			68		
						0.6296		

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
1	y	it concerns my health and I know it better	1	know info	Confident	1	Confident	

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
2	n	Difficult to remember all past health history, doctor appointments, surgeries, etc. relatively few health care providers for me so far	1	remembering	Additional info needed	1	Difficulty remembering	
3	y	Specifics (date/physician)	1	NA	n/a	1	Not much to track	
4	n	difficult to recall will have a hard time remembering information from	1	remembering	Additional info needed	1	Difficulty remembering	
5	n	years ago I don't have access to my history beyond what is in my	1	remembering	Additional info needed	1	Difficulty remembering	
8	n	incomplete memory	1	remembering	Additional info needed	1	Difficulty remembering	
9	y	I am interested in my health and would like to see if an overall picture presents itself	2	NA	n/a	1	n/a	
10	n	Too much information over too many years to enter by hand most dates and doctors are fresh in	1	time consuming	Too much to write	1	Lots of history	
11	y	my mind	1	know info	Easily Recall Info	1	Confident	
13	y	self-confidence should not be a	1	NA	Confident	0	Confident	
16	y	problem	1	easy	Confident	1	Confident	
17	n	excessive medical history	1	time consuming	Too much to write	1	Lots of history	
18	n	some of the doctors I have seen are no longer in practice	1	hard to find info	n/a	0	lack of info	
19	y	very comprehensible form	1	easy	Confident	1	Confident	
20	n	yes because it is very detailed and may be difficult to remember dates of all my previous medical conditions. No because I have had few long term illnesses and surgeries	2	remembering/??	Additional info needed	2	Difficulty remembering	
21	n	There is too much information for a non-licensed person to provide. Legally, it doesn't seem to make sense.	2	time consuming	n/a	0	too complex	
22	n	I would have to go back thru material I no longer have record of	1	hard to find info	Additional info needed	0	Unknown difficult to obtain	

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
24	n	no idea of where to look for information	1	hard to find info	Difficult to get info	1	Unknown difficult to obtain	
25	y	better to complete in my home than in a waiting room	1	NA	From home	0	n/a	
26	y	I have my records somewhere	1	know info	n/a	0	Has records	
27	n	family history is tough for me	1	hard to find info	Difficult to get info	1	Unknown difficult to obtain	
28	n	I don't remember all my doctor visits or hospital visits or admissions	1	remembering	Difficult to get info	0	Difficulty remembering concerns about accuracy	
30	n	some dates may not be correct	1	inaccuracy	Inaccurate info	1	Unknown difficult to obtain	
33	n	might not be able to find all the info requested	1	hard to find info	Difficult to get info	1	Unknown difficult to obtain	
34	y	for health issues	1	NA	Health issues only	0	Not much to track	
35	y	I am fairly intelligent and can remember what has happened in the past to me	1	know info	Confident	1	Confident	
38	n	no necessarily easy, but possible doable. There is information only your doc has access to	2	hard to find info	Difficult to get info	2	Needs HCP help	
39	y	I know own health pretty well and in medical field	1	know info	Confident	1	Confident	
40	y	not very many things to complete for myself	1	easy	Easily Recall Info	1	Not much to track	
41	y	I have the information I stay well informed w my family and my own health history and current status	1	know info	Easily Recall Info	1	Has records	
45	y	most you already know, but sometimes you may need to get from physician	1	know info	Easily Recall Info	1	Confident Remembers most/Needs HCP	
46	y	but time consuming	2	know info/can find info	Some Dr. info needed	1	Time consuming	
47	y	pretty straight-forward paperwork	1	time consuming	Time consuming	1	Time consuming	
49	y		1	easy	Confident	1	Confident	
50	n	I would like to have help from my doctor	1	need help	Dr. help	1	Needs HCP help	
51	n	very complex, I do not understand everything	1	complexity	Complex	1	too complex	

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
52	n	ahima one doesn't allow for my best data to be shown	1	ahima one?	n/a	1	n/a	
53	n	hard to remember medical history	1	remember	Difficult to get info	0	Difficulty remembering	
54	n	seems overwhelming and cumbersome	1	complexity	Time consuming	1	too complex	
56	n	it would be easier if I were younger then try to go back and remember everything	1	hard to find info	Difficult to get info	1	Difficulty remembering	
57	n	I don't remember everything, unless I take the time to go to my doctors	2	remembering	Dr. info may be needed	0	Difficulty remembering	
58	n	I would have to do a lot of research and it would take a lot of time. They should be given to mothers when they take their baby home from the hospital to start from birth	2	complexity	Time consuming	2	too complex	
59	n	maybe one variable that you can't control or monitor	1	not useful?	n/a	0	n/a	
60	y	I am rarely ill	1	know info	n/a	0	Not much to track	
61	n	Great deal of data to collect, family history hard to find out about	2	complexity	Time consuming/ difficult to get info	1	has a lot of history	lack of info
62	y	I was adopted	1	lack of info	n/a	0	Unknown	difficult to obtain
63	n	some of the information is in different places	1	hard to find info	Difficult to get info	1	Doesn't know all info	lack of info
64	n	I do not know all the shots I have had	1	lack of info	info	1	lack of info	
67	y	I have had very little needs for medical attention, therefore, a PHR would be easy to complete	1	easy	Confident	1	Not much to track	
68	y	I keep records most of it would be easy to complete.	1	already do it	Already have	1	Already has PHR	
69	y	Some dates would be hard to com up with. If kept track since birth, it would be easier	2	easy personally	Dr. info needed/ confident	1	Unknown difficult to obtain	
70	y	it is about me	1	know info	Confident	1	Confident	

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
71	y	except difficult to remember some of the info	1	remembering	Dr. info may be needed	0	Difficulty remembering	
74	n	don't know other family members health problems	1	lack of info	Difficult to get info	0	lack of info	
75	n	it's always a good idea to have an educated person help out	1	need help	Dr. help	1	Needs help	
78	y	it was	1	already do it	n/a	0	Already has PHR	Difficulty remembering
80	n	may not recall all info	1	remembering	Difficult to get info	0	Doesn't know all info	Time too complex
83	n	may not know all answers	1	lack of info	Time consuming	1	Doesn't know all info	Time consuming
84	n	too long recalling dates of immunizations, surgeries etc will be difficult	1	complexity	Doesn't know all info	1	Need additional Info	Difficulty remembering
85	n		1	remembering		1		Has records
88	y	I have a paper file to use as a source time needed to gather the info. Not all providers are cooperative in providing info	1	already do it		0		
89	n		2	time consuming/lack of info	time consuming	1	Doesn't know all info	Time consuming
92	n	I don't know a lot of the answers this form is more detailed than my current PHR. It will just take time to compile the additional information	1	lack of info	Time consuming	1	Doesn't know all info	lack of info
93	y		1	already do it		0	Time consuming	Time consuming
95	y	few health problems	1	easy	Confident	1	Not much to track	
97	n	long medical history	1	complexity	time consuming	1	has a lot of history	Remember s
98	y	most things you know, what you don't could be obtained easily	2	know info/can find easily	Need additional Info	1	most/Unkn own easily obtained	
99	y	because I journal and most things are listed in my journal	1	already do it	Confident	1	Has records	
101	n	time consuming my PHR is pretty slim due to my age and how well I have taken care of myself	1	time consuming	time consuming	1	Time consuming	
102	y		2	already do it	Confident	2	Has records	

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
104	y	mom has everything up to date	1	can find easily	Need additional Info	0	Info from Family	lack of info too complex
105	n	I was adopted	1	lack of info	n/a	0	Info from Family	lack of info too complex
110	n	I'm not a doctor I may need to get information from doctors office and they may not be cooperative	1	not a doctor	n/a	0	Unknown difficult to obtain	
111	n	my good health is important to me	1	hard to find info	Dr. info may be needed	0	Unknown difficult to obtain	
112	y	I could, the doctor has a chart	1	NA	n/a	1	n/a	
113	y	Just takes time	1	can find easily	Dr. info may be needed	1	Needs HCP help	
114	y	because it will be quit a task to gather past information	1	time consuming	Time consuming	1	Time consuming	
115	n	need to research records with prior services/events/history	1	complexity	Time consuming	1	Unknown difficult to obtain	
116	n	because I have had to do this in the past. Remember, I am 67	1	time consuming	Need additional Info	0	Time consuming	
117	y	I have most of the information written down	1	already do it	Confident	1	Has records	
119	y	past history hard. But on going I will keep it up as stuff happens with the help of a physician it should be simpler	1	already do it	Confident	1	Has records	
120	n	some may be easy and some may not be at all you and the doctor would be able to fill in out based on how you're doing	2	will start now	Difficult to get info	0	Lots of history	
122	y		1	can find easily	Dr. info may be needed	1	Needs HCP help	
123	n		2	easy/complexity	Difficult to get info	1	Unknown difficult to obtain	
124	y		1	know info/can find easily	Dr. info may be needed	1	Needs HCP help	too complex
125	n	I'm not a doctor I have the records mostly. No previous conditions, not complicated history	1	not a doctor	n/a	0	Has records	
126	y		1	already do it	Confident	1	Has records	
127	y	who knows more about me than me detailed, but I know most of the information	1	know info	Confident	1	Confident	
128	y		1	know info/time consuming	Confident	0	Remember s most	
129	y	because I'm smart	1	easy	n/a	0	Confident	

Do you think it will be easy to complete the PHR? (Q14)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
131	y	records all in a file	1	already do it	Has info	1	Has records	
132	n	do not have all records	1	lack of info	Need additional Info	1	lack of info	
133	n	exact facts are difficult to know	1	remembering	Difficult to get info	0	Difficulty remembering	
			107			68		
						RR:	0.6355	

How do you think you will find the information that you don't already know, such as immunizations, or stop and start date of medications? (Q18).

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
3	start by calling my general practitioner call appropriate	1	ask doctor	Doctors	1	HCP	
4	doctors, estimate	2	ask doctor	Doctors	2	HCP	
5	Ask my mother and look at past medical information entered	2	ask family	Family	2	Family/Personal records	
9	I have most of this information	1	have info	Personal Records	0	Personal records	
14	Go through my old medical file	1	use records	Medical File	1	Personal records	
15	I will ask my doctor	1	ask doctor	Doctors	1	HCP	
16	get my records and make calls try to get a hold of my dr offices and get	2	family/ask doctor	Medical File	0	Family/HCP/Personal Records	
18	copies of my records check old medical	1	ask doctor	Doctors	1	HCP	
19	records	1	use records	Medical File	1	Personal records	
20	ask my mother for records and/or contact my pcp	2	ask family/use records/ask doctor	Family	1	Family/HCP	
22	if I don't have it I will leave it blank or guess	1	leave blank	Blank or guess	1	Blank or guess	
24	the doctor has the info research, calling	1	ask doctor	Doctors	1	HCP	
25	doctor offices ask parents	2	ask doctor/family	Doctors/Family	2	Family/HCP	
34	helpful	1	NA	n/a	1	n/a	

How do you think you will find the information that you don't already know, such as immunizations, or stop and start date of medications? (Q18).

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
35	ask for medical records from doctors and hospitals	1	ask doctor	Doctors	1	HCP	
37	dr office	1	ask doctor	Doctors	1	HCP	
38	ask dr or medical records department	1	ask doctor	Doctors	1	HCP	
39	follow-up personal and health care providers records	1	family/ask doctor	Doctors	1	HCP/Personal records	
40	medical provider	1	ask doctor	Doctors	1	HCP	
41	calling offices	1	ask doctor	Doctors	1	HCP	
44	medical records from doctors and I keep a personal record	2	ask doctor/personal record	Doctors/Personal Records	2	Family/Personal records	
45	check with pcp	1	ask doctor	Doctors	1	HCP	
46	from physicians office	1	ask doctor	Doctors	1	HCP	
50	from my doctor's office	1	ask doctor	Doctors	1	HCP	
51	family and doctor	1	ask family/doctor	Doctors/Family	1	Family/HCP	
52	phone, computer, paper	3	family/doctor/personal records	n/a	0	Family/HCP/Personal Records	
55	my parents probably have that on record, or doctors might	2	family/doctor/personal records	Doctors/Family	2	Family/HCP	
58	I have no idea. It would just be too time consuming for me to have to go back and find all the info I have medical info for last 10 years.	1	no idea	Too time consuming	1	No idea	
61	Write to doc for immunizations	2	personal records/ask doctor	Personal Records/Doctors	2	HCP/Personal records	
62	ask office nurse	1	ask doctor	Doctors	1	HCP	
63	doctor's office	1	ask doctor	Doctors	1	HCP	
65	doctor	1	ask doctor	Doctors	1	HCP	
68	I always keep personal records	1	personal records	Personal Records	1	Personal records	
70	I always keep personal records	1	personal records	Personal Records	1	Personal records	
88	I have all the information already	1	personal records	Personal Records	1	Personal records	
92	ask my parents or doctor	2	ask family/ask doctor	Family/Doctor	2	Family/HCP	
93	I have all these (and thankfully because my records were destroyed by a fire at my doctors office)	1	personal records	Personal Records	1	Personal records	
94	check with prior doctors	1	ask doctor	Doctors	1	HCP	
99	journal	1	personal records	Personal Records	1	Personal records	

How do you think you will find the information that you don't already know, such as immunizations, or stop and start date of medications? (Q18).

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
100	county health records. Current doctor records. Old school records try to contact my doctors, my parents, and own records	3	personal records/ask doctor/school info	Doctors	1	HCP/Personal records/Other medical records	
102	try to contact my doctors, my parents, and own records	3	ask doctor/ask family/personal records	Doctors/Personal Records/Family	2	Family/HC P/Personal Records	
104	no!	1	NA	n/a	1	n/a	
105	family, dad	1	ask family	Family Personal	1	Family Personal	
107	my records	1	personal records	Records	1	records	
112	I will have to rely on my memory I only had polio and small pox vaccinations, and I can remember when that was. I only take 2 prescriptions and I haven't taken them	1	personal records	Memory	0	Memory	
114	very long by contacting physicians. May be difficult because some are deceased	1	personal records	Personal Records	1	Personal records	
115	The only problem I'll have a problem with is start dates of medications. That's probably impossible	1	ask doctor	Doctors	1	HCP	
119	probably impossible have some old bills but will try and ask doctor's office	1	no idea	n/a	0	No idea	
120	doctor and my mom has most of those things written down	2	personal records/ask doctor	Doctors	1	HCP/Personal records	
124	probably	2	ask doctor/ask family	Doctors/Family	2	Family/HC P	
126	doctor, pharmacy, health department, school	1	NA	n/a	1	n/a	
127	doctor, pharmacy, health department, school	4	ask doctor/school records/pharmacy and healthy department	Doctors	1	HCP/Pharmacy/Other medical records	
128	memory	1	personal records	Memory	0	Memory	
129	contact doctors, pharmacy records	2	ask doctor/pharmacy records	Doctors	1	HCP/Pharmacy	
		75			57		

RR: 0.76

What do you plan to do with the PHR after you complete it? (Q19)

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
1	Keep track of it. It will be easy for the doctor.	2	store it/use with dr	Store	1	Store/Take to appointments	
3	store with other legal/important documents	1	store it	Store	1	Store/Update as changes occur	
4	store it and update as needed	2	store it/update	Store/Update	2	Take to appointments	
5	share it with providers see if an overall picture presents itself, perhaps share with general practitioner	1	use it	Share	1	Personal use/Take to appointments	
9	Keep it and make it a digital file if possible	2	use it/see overall health	Share	1	Store/Digitally	
12	user if for reference	1	store it/make digital	Store/Digitally	1	Personal Use	
14	save it for later use	1	use it	Use	0		
15	use	1	store it	Store/Use	1	Store	
16	keep it handy give copy to my doctors and specialist that treat me	1	keep ready	Store	1	Store	
18	keep it with important documents for future use	1	use with dr	Give to Dr.	1	Give to HCP	
19	give to pcp to have on file	1	store it	Store	1	Store	
20	file it at work	1	use with dr	Give to Dr.	1	Give to HCP	
22	file it	1	store it	Store	1	Store	
24	file it	1	store it	Store	1	Store	
25	keep it at the ready	1	store it	Store	1	Store	
28	Keep in safe place get a copy to my current doctor	1	keep ready	Store	1	Store	
29	doctor	1	use with dr	Give to Dr.	1	Give to HCP	
33	not sure	1	Not sure	unsure	1	Not Sure	
34	keep up to date keep it for when I need it check it annually	1	update	Update often	1	Update as change occur	
35	put it on a disk for future updating. Keep the disc in a safe secure	1	update it	Update often	1	Update annually	
37	put it on a disk for future updating. Keep the disc in a safe secure	1	update it/make digital	Store/Digitally	1	Store/Digitally	

What do you plan to do with the PHR after you complete it? (Q19)

Survey No	Response location.	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
39	keep for mom and dad's multiple doctor's apt keep in my records	1	keep ready	Store	1	Store	
40	save it for later use	1	store it	Store	1	Store	
41	keep it in my personal records	1	store it	Store	1	Store	
44	usually the doctors office keeps a record of it and I will keep a copy in my safe at home	1	keep ready	Store	1	Store	
45	send copy to physician for medical records and keep record in safe place at home	2	use with dr/store it	Store	1	Store	
46	keep a copy for me and one to my daughter and doctor maintain it, bring it with me to immediate care visits	2	use with dr/store it	Store/Give to Dr.	2	Give to HCP/Store Store/Take to appointments/Give to family	
50	did not finish/Complete data set	3	store it/use with dr/store with family	Store/Give to Dr./Give to Family	2	Update as change occur	
51	hopefully this will speed the process at a doctors office as well as getting doctors my detailed health record	2	update it/keep ready	Update often	1	n/a	
52	keep it filed on the computer so I can update it as needed and print it if needed for dr appointments	1	complete it	n/a	1	n/a	
55	keep it up to date, provide copies to health care providers	2	use with dr	n/a	0	Take to appointments Store/Update as changes occur/Take to appointments	
58	save and update, use for	3	update/use with dr/make digital	Store/Digitally/ Give to Dr.	2	Update as changes occur/Take to appointments	
61		2	update/use with dr/make digital	Update often/Give to Dr.	2	Store/Update as	
62		3	update/store	Store/Update often	3	Store/Update as	

What do you plan to do with the PHR after you complete it? (Q19)

Survey No	Response reference	count	Amanda	Lauren	Agree	Proposed Group Name changes occur	New Proposed Group Name
63	put it with important papers	1	store it	Store	1	Store	
65	give to family members	1	store with family	Give to Family	1	Give to family	
68	put in a safe place	1	store it	Store	1	Store	
70	Depends on who needs it	1	not sure	n/a	0	Not Sure	
71	put it in safekeeping	1	store	Store	1	Store	
74	give copies to my children and doctors print a hard copy and keep one on the computer	2	store with family/use with dr	Give to Family/Give to Dr.	2	appointments/Give to family	
88	keep it in my files	2	make digital/keep ready	Store/Digitally	2	Store/Digitally	
92	keep it updated electronically and occasionally print	1	store it	Store	1	Store	
93	give copies to our doctors	2	updated/digital	Store/Digitally	1	Store/Digitally	
94		1	use with dr	Give to Dr.	1	HCP	
99	file and keep updated	2	store/update	Store/Update often	2	Store/Update as changes occur	
100	store in safe, update 1 per year	1	store/update	Store/Update often	1	Store/Update as changes occur	
102	keep it in a place to refer to as I age and visit doctors	2	keep ready/use with dr	Store	1	Store	
104	put in a safe place	1	store it	Store	1	Store	
105	put in safe deposit box	1	store it	Store	1	Store	
107	file it	1	store it	Store	1	Store	
111	put it with other important papers	1	store it	Store	1	Store	
112	have it in my file and keep it up to date	2	update/store it	Store/Update often	2	Store/Update as changes occur	
114	Let my daughter know where it is. Take it with me to Dr, Appointment	2	use with family/use with dr	Give to Dr./ Give to family	2	Take to appointments/ Give to family	

What do you plan to do with the PHR after you complete it? (Q19)

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
115	maintain it and keep with for future appointments	2	update it/keep ready	Update often/Give to Dr.	1	Update as change occur/Take to appointments	
119	keep it with other medical information for next time I visit a new doctor file and take with to all doctor's	2	keep ready	Update often/Give to Dr.	0	Store/Take to appointments	
120	appointment save it for future use	2	store it/use with dr	Update often/Give to Dr.	1	Store/Take to appointments	
124	put it in our safe box in bedroom	1	store it	Store	1	Store	
126	put in my safe	1	store it	Store	1	Store	
127	keep it current and accessible for when needed	1	update/keep ready	Store/Update often	1	Store/Update as changes occur	
129	put in file folder and take to checkup	2	store it/use with dr	Store/Give to Dr.	2	Store/Take to appointments	
		87			71		
					RR:	0.8161	

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
3	y	not ill very often	1	no changes	Not sick enough	1	Not much to track	
5	n	My health is pretty stable and I do not have much changes in health	1	no changes	Not sick enough	1	Not much to track	
9	y	if it is electronic	1	electronic	Electronic	1	prefers electronic	
12	n	There is no chance to see or review it in everyday life unless it required	1	not interested	n/a	0	Not interested or good at record keeping	

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
18	y	Now that I have it, update it each time I go to the doctor	1	goes to dr	n/a	0	Update as changes occur	
19	y	keep current updates in areas provided if it is something that I am asked to do when I go to the doctor. No if it requires me to do it on my own time	1	add recent info	Already started	0	Update as changes occur	
20	n	I don't keep the records I am mandated to keep up to date	2	not interested	not if required	2	Not interested or good at record keeping	
22	n	I am a slacker don't have to start from scratch. Events were recent	1	not interested	must keep up to date	0	Time consuming	
24	n	try to take with me to all future appts	1	not interested	time consuming	0	Not much to track	
25	y	simple	1	add recent info	Already started	0	Take to appt	
28	y	update it as things happen	1	goes to dr	n/a	0	n/a	
34	y	update it as things happen	1	NA	Easy	0	Update as changes occur	
35	y	time	1	add recent info	Update often	1	Time consuming	
37	n	if you keep updating it as events occur, it should be pretty simple	1	time	time consuming	1	Update as changes occur	
38	y	due to multiple providers they both see	1	add recent info	Update often	1	n/a	
39	n	take to any appointments I think it will take an effort on my part because the doctors offices has many patients to keep up with	1	complexity	n/a	0	Take to appt	
40	y	if as soon as something is done fill that out so you remember everything and it only takes a few minutes	1	goes to dr	Update often	0	Time consuming	
45	n	you would have to do this each year	1	complexity	time consuming	1	Update as changes occur	
46	y	not as much work, routine, habit, doctor visit (right arrow) PHR	1	add recent info	Update often	1	Update annually	
50	n	not this version data set. Data set not thorough enough	1	complexity	n/a	0	Update as changes occur	
51	y	not this version data set. Data set not thorough enough	1	add recent info	Update often	1	Not thorough enough	
52	n	not this version data set. Data set not thorough enough	1	want more	more thorough info needed	1	Update as changes occur	

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
55	y	the hardest part will be finding or remembering past information	1	past is harder	Difficult with prior info	1	past info difficult	
58	y	if on the computer it's as easy as balancing my checkbook	1	electronic	Electronic	1	prefers electronic	
61	y	once you have the basic data, it's easy to keep up to date. But it gets large, blood tests, infor, medication changes, etc. Has to be both electronic and paper.	2	past is harder	difficult with prior info	2	past info difficult	
63	y	every time I get something new I could adjust it	1	add recent info	Update often	1	Update as changes occur	
65	y	I keep all my medical records	1	already do it	n/a	1	Keeps medical records	
68	y	I keep everything on file due to my wife's illness	1	already do it	Already keep track	1	Keeps medical records	
70	y	I am always on top of all that. I keep everything	1	already do it	Always keep track	1	Keeps medical records	
86	y	we can notice ourselves and maintain PHR	1	for something	n/a	0	n/a	
88	y	just add to the electronic file - I very rarely go to the doctor - only annual check-ups	1	electronic	electronic	1	prefers electronic	
92	y	it's important for my health	1	NA	n/a	1	n/a	
93	y	I keep my current PHR up to date	1	already do it	Update often	0	Already does it	
99	y	once info is established - keep a running list	1	add recent info	Update often	1	Update as changes occur	
100	y	yes if I remember to do it each year	1	remembering	Update often	1	Update annually	
102	y	you can take it with you to any appointment and fill it in before you put it back in your records until the next time	1	goes to dr/add recent info	Bring to appt.	1	Take to appt	
111	y	once I get it current, I will continue to keep it up-to-date	2	add recent info	Update often	2	Update as changes occur	
112	y	I will be doing it for myself and my family	2	for something	n/a	0	n/a	
114	y	If I have it with me when I go to the doctor	1	goes to dr	Bring to appt.	1	Take to appt	

Do you think it will be easy to keep the PHR up-to-date? (Q20)

Survey No	Y or N	Why or why not	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
119	y	I'm fairly used to keeping track of medical information	1	already do it	Already keep track	1	Already does it	
120	y	taking to doctor's and doing it there as test and/or diagnosis happens	1	goes to dr	Bring to appt.	1	Take to appt	
124	y	I think it will be easy, but it will take time	2	time	time consuming	2	Time consuming	
126	y	just do it!	1	NA	n/a	1	n/a	
127	y	when you have a change, mark it on the form	1	add recent info	Update often	1	Update as changes occur	Prefers doc to keep current
128	y	only if doctor can easily send info to update	1	conditional	Dr. updates	1	current	
129	y	because it's important	1	for something	Important	1	Priority	
131	y	will be in front of file	1	add recent info	n/a	0	n/a	
			52			36		

RR: 0.6923

Other Comments (Q21)

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
93	I keep a current miniature spreadsheet in my purse. Etc	1	already do it	n/a	1	Already has PHR	
113	I keep a list of my husbands meds in case of emergency	1	already do it	n/a	1	Already has PHR concerns about updating	
91	worried that it would be current	1	updating	up-to-date issues	1	updating	
5	I'm concerned about the costs tied to maintaining a PHR. Will insurance plans cover this option	1	costs	Costs?	1	Concerns about cost	
16	I think this is a very useful idea	1	good	Good idea	1	Good idea	
44	The PHR is good for all people. Very important	1	good	Good idea	1	Good idea	
62	Good idea	1	good	Good idea	1	Good idea	

Other Comments (Q21)

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
102	this is a great idea. Starting out young and keep track for things that are bound to come up sooner or later	1	good	good idea	1	Good idea	
22	Thank you for giving me a PHR so I can get started	1	good	n/a	0	Good idea	
126	Thanks for getting me to think about this, and hopefully to organize this effort!	1	good	n/a	0	Good idea	
47	good tool but time consuming	2	good/time consuming	Good/Time consuming	2	Good idea/Time consuming	
89	I would be more likely to use a PHR if I knew physician offices and hospitals would accept the information for their records	1	want it used	Want Health industry to accept it	1	HCP may not use	
49	heard of PHR but didn't know where or how to access one until this study	1	access document?	n/a	0	n/a	I changed this one to now knows where to access a PHR
116	I would like a medical history or PHR for myself. I would NOT want this info/records in file with anyone else, only share as necessary	1	security	Personal Use only	1	Personal Use only	
9	Electronic access is much more convenient	1	want electronic	Electronic	1	Prefers Electronic	
40	download to micro chip and keep. Give to MD for visits. It would be better if you make an online PHR system for easy access, but it should be secured	2	want electronic/use at dr	Electronic	2	Prefers Electronic	
12	PHRs will be virtually worthless to people with a significant medical history until they can automatically download from healthcare providers	2	want electronic/ want security	Electronic	1	Prefers Electronic	
10	Once you start it, it would be easy from there on out. But getting the past dates would be hard. It would be hard to update a paper version if just updating a phone number, address, etc	1	complexity	Too lengthy?	1	Too complex	
69		3	complexity /electronic	Time consuming	3	Too complex	

Other Comments (Q21)

Survey No	Response	count	Amanda	Lauren	Agree	Proposed Group Name	New Proposed Group Name
	The form appears to be cumbersome. With insurance company requirement mail-in prescription, RX pharmacy infor needs separate pages. All hcp should be on 1 page, most doc offices and hospitals are unprepared to handle electronic data. Only 1 doc in the last 10 years could handle electronic data. Doctors and hospitals only know their specific software. If I give them a disk they just print it. You need to get them up to speed						
61		2	complexity/medical staff technology	Complicated Form/Electronic	2	Too complex/HCP may not use	
8	The form is too complex. PHRs should be driven off already available electronic data	1	complexity/want electronic	Complex Form	1	Too complex/Prefer Electronic	
2	Who owns the infor, who can change the info. Less valuable if I don't own it's info.	1	personally keep info	Wants to own the info	1	Wants to own the info	
		27			24		

RR: 0.8889

Appendix J: Overall Beliefs

LOCHIGHorLOW

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	27	21.8	21.8	21.8
	High	97	78.2	78.2	100.0
	Total	124	100.0	100.0	

Health Value

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	27	21.8	21.8	21.8
	High	97	78.2	78.2	100.0
	Total	124	100.0	100.0	

Instrumentality Total

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	4	3.2	3.2	3.2
	1	15	12.1	12.1	15.3
	2	105	84.7	84.7	100.0
	Total	124	100.0	100.0	

14a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	n	58	46.8	47.5	47.5
	y	64	51.6	52.5	100.0
	Total	122	98.4	100.0	
Missing	null	2	1.6		
Total		124	100.0		

Appendix K: Chi square for Select Demographics

Crosstab

Count		Gender		
		Female	Male	Total
Likely Complete PHR	0	42	19	61
	1	44	18	62
	Total	86	37	123

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.065 ^a	1	.798		
Continuity Correction ^b	.003	1	.953		
Likelihood Ratio	.065	1	.798		
Fisher's Exact Test				.846	.476
N of Valid Cases	123				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 18.35.

b. Computed only for a 2x2 table

Crosstab

Count		Highest Level of Education					Total
		high school or GED	Attended college	Completed college	Graduate school	x	
Likely Complete PHR	0	7	6	14	16	18	61
	1	8	9	19	20	7	63
	Total	15	15	33	36	25	124

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.678 ^a	4	.154
Likelihood Ratio	6.854	4	.144
N of Valid Cases	124		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.38.

Likely Complete PHR * Describe your personal health Crosstabulation

Count						
	Describe your personal health					
		2	3	4	Very Healthy	Total
Likely Complete PHR 0	0	2	9	29	21	61
1	1	2	14	31	16	63
Total		4	23	60	37	124

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.798 ^a	3	.615
Likelihood Ratio	1.808	3	.613
Linear-by-Linear Association	1.336	1	.248
N of Valid Cases	124		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 1.97.

Likely Complete PHR * Employment Status Crosstabulation

Count		Employment Status			
		employed	not employed	retired	Total
Likely Complete PHR	0	44	10	6	60
	1	45	10	8	63
	Total	89	20	14	123

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.224 ^a	2	.894
Likelihood Ratio	.225	2	.894
N of Valid Cases	123		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.83.

Appendix L: Chi Square - Age Range

Likely Complete PHR * agegroup Crosstabulation

			agegroup							Total
			18 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	> 69	
Likely Complete PHR	0	Count	5	16	10	11	13	3	3	61
		Expected Count	3.0	13.3	9.8	14.3	13.3	3.4	3.9	61.0
	1	Count	1	11	10	18	14	4	5	63
		Expected Count	3.0	13.7	10.2	14.7	13.7	3.6	4.1	63.0
	Total	Count	6	27	20	29	27	7	8	124
		Expected Count	6.0	27.0	20.0	29.0	27.0	7.0	8.0	124.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.931 ^a	6	.431
Likelihood Ratio	6.202	6	.401
Linear-by-Linear Association	2.809	1	.094
N of Valid Cases	124		

a. 6 cells (42.9%) have expected count less than 5. The minimum expected count is 2.95.

Likely Complete PHR * age collapse Crosstabulation

			age collapse					Total
			18 - 29	30 - 39	40 - 49	50 - 59	> 59	
Likely Complete PHR	0	Count	21	10	11	13	6	61
		Expected Count	16.2	9.8	14.3	13.3	7.4	61.0
		% within Likely Complete PHR	34.4%	16.4%	18.0%	21.3%	9.8%	100.0%
		% within age collapse	63.6%	50.0%	37.9%	48.1%	40.0%	49.2%
	1	Count	12	10	18	14	9	63
		Expected Count	16.8	10.2	14.7	13.7	7.6	63.0
		% within Likely Complete PHR	19.0%	15.9%	28.6%	22.2%	14.3%	100.0%
		% within age collapse	36.4%	50.0%	62.1%	51.9%	60.0%	50.8%
	Total	Count	33	20	29	27	15	124
		Expected Count	33.0	20.0	29.0	27.0	15.0	124.0
		% within Likely Complete PHR	26.6%	16.1%	23.4%	21.8%	12.1%	100.0%
		% within age collapse	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.750 ^a	4	.314
Likelihood Ratio	4.801	4	.308
Linear-by-Linear Association	2.771	1	.096
N of Valid Cases	124		

Appendix M: Chi Square – Marital Status

Likely Complete PHR * Marital Status Crosstabulation

			Marital Status			
			Married	Single	Widowed	Total
Likely Complete PHR	0	Count	35	26	0	61
		Expected Count	36.2	22.8	2.0	61.0
	1	Count	38	20	4	62
		Expected Count	36.8	23.2	2.0	62.0
Total		Count	73	46	4	123
		Expected Count	73.0	46.0	4.0	123.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.898 ^a	2	.086
Likelihood Ratio	6.445	2	.040
N of Valid Cases	123		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.98.

Likely Complete PHR * Marital Status Crosstabulation

Count		Marital Status		
		m	s	Total
Likely Complete PHR	0	35	26	61
	1	38	24	62
	Total	73	50	123

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.195 ^a	1	.659		
Continuity Correction ^b	.067	1	.796		
Likelihood Ratio	.195	1	.659		
Fisher's Exact Test				.715	.398
N of Valid Cases	123				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 24.80.

b. Computed only for a 2x2 table

Appendix N: Chi Square for Insured and Ethnicity

Likely Complete PHR * Insured Crosstabulation

			Insured		
			no	yes	Total
Likely Complete PHR	0	Count	3	56	59
		Expected Count	1.9	57.1	59.0
	1	Count	1	62	63
		Expected Count	2.1	60.9	63.0
Total		Count	4	118	122
		Expected Count	4.0	118.0	122.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	1.175 ^a	1	.278		
Continuity Correction ^b	.331	1	.565		
Likelihood Ratio	1.221	1	.269		
Fisher's Exact Test				.353	.285
N of Valid Cases	122				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.93.

b. Computed only for a 2x2 table

Likely Complete PHR * Ethnicity Crosstabulation

			Ethnicity				
			Caucasian	African American	Asian/Pacific Islander	Other	Total
Likely Complete PHR	0	Count	53	4	2	0	59
		Expected Count	51.6	2.0	3.9	1.5	59.0
	1	Count	52	0	6	3	61
		Expected Count	53.4	2.0	4.1	1.5	61.0
Total		Count	105	4	8	3	120
		Expected Count	105.0	4.0	8.0	3.0	120.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.979 ^a	3	.030
Likelihood Ratio	11.773	3	.008
N of Valid Cases	120		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is 1.48.

Appendix O: Chi Square for Beliefs

Likely Complete PHR * LOCHIGHorLOW Crosstabulation

Count		LOCHIGHorLOW		
		Low	High	Total
Likely Complete PHR	0	14	47	61
	1	13	50	63
	Total	27	97	124

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.098 ^a	1	.755		
Continuity Correction ^b	.009	1	.924		
Likelihood Ratio	.098	1	.755		
Fisher's Exact Test				.829	.462
Linear-by-Linear Association	.097	1	.756		
N of Valid Cases	124				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.28.

b. Computed only for a 2x2 table

Crosstab

Count		Health Value		
		Low	High	Total
Likely Complete PHR	0	11	50	61
	1	16	47	63
	Total	27	97	124

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.987 ^a	1	.321		
Continuity Correction ^b	.602	1	.438		
Likelihood Ratio	.992	1	.319		
Fisher's Exact Test				.387	.219
Linear-by-Linear Association	.979	1	.323		
N of Valid Cases	124				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.28.

b. Computed only for a 2x2 table

Likely Complete PHR * Instrumentality Crosstabulation

			Instrumentality		
			0	1	Total
Likely Complete PHR	0	Count	4	57	61
		Expected Count	2.0	59.0	61.0
	1	Count	0	63	63
		Expected Count	2.0	61.0	63.0
Total		Count	4	120	124
		Expected Count	4.0	120.0	124.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.269 ^a	1	.039		
Continuity Correction ^b	2.427	1	.119		
Likelihood Ratio	5.813	1	.016		
Fisher's Exact Test				.056	.056
Linear-by-Linear Association	4.234	1	.040		
N of Valid Cases	124				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.97.

b. Computed only for a 2x2 table

Likely Complete PHR * Self_Efficacy Crosstabulation

			Self_Efficacy		
			0	1	Total
Likely Complete PHR	0	Count	38	22	60
		Expected Count	28.5	31.5	60.0
	1	Count	20	42	62
		Expected Count	29.5	32.5	62.0
Total		Count	58	64	122
		Expected Count	58.0	64.0	122.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.807 ^a	1	.001		
Continuity Correction ^b	10.593	1	.001		
Likelihood Ratio	12.003	1	.001		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	11.710	1	.001		
N of Valid Cases	122				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 28.52.

b. Computed only for a 2x2 table