

1. What is your gender?

- ☐ Male
- ☐ Female

2. What is your age in years?

..... years old

3. What is your highest level of education?

- ☐ High School or less
- ☐ Some Post-Secondary Education or Bachelor's Degree
- ☐ Master's Degree or Ph.D or equivalent

4. How much is your experience with using internet?

- ☐ <=1 years
- ☐ 1-3 years
- ☐ >3 years

A) Actual use

1. Have used the following eHealth services at the primary care centers.

eHealth services	Yes	No	I do not know about this service
Making/booking an appointment via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking a healthcare professional a question via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminder bout appointment via SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measuring your vital signs e.g., weight, blood pressure or blood sugar level at home and sending the measurement to your health-care professional via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription refill request via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video consultation via app/ web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to medical data via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Awareness of the availability of eHealth services at the primary care centers

1. Whether you know if the following eHealth services are available at your primary care center's or not?

	Available at Pcs	Not available at Pcs	I do not know
a. Making/booking an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asking a healthcare professional a question via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reminder bout appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Measuring your vital signs e.g., weight, blood pressure or blood sugar level at home and sending the measurement to your health-care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescription refill request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Video consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access to medical data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) Intention to use

- 1- Do you think you would use one of the above-mentioned Internet applications in the future if you were offered the opportunity?

	Yes, definitely	Yes, probably	I don't know yet	No, probably not	No, definitely not
a. Making/booking an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asking a healthcare professional a question via app/web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reminder bout appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Measuring your vital signs e.g., weight, blood pressure or blood sugar level at home and sending the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

measurement to your health-care professional					
e. Prescription refill request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Video consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access to medical data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What do you expect from the following eHealth service if you need additional care in the future? To what extent do you agree with the following statements?

Booking/Making an online appointment	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>I don't know</i>
a. Is easy to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is easy to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Works well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is a pleasant way to interact with health-care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fits easily into my daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is something my family or friends would like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Makes it easier to contact a health-care professional when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What do you expect from the following eHealth service if you need additional care in the future? To what extent do you agree with the following statements?

Asking a healthcare professional a question via app/web	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>I don't know</i>
a. Is easy to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is easy to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Works well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is a pleasant way to interact with health-care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fits easily into my daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Asking a healthcare professional a question via app/web	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>I don't know</i>
g. Is something my family or friends would like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Makes it easier to contact a health-care professional when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>