

Community nurses access to and use of computers

1. Please rate how confident you are when using the following:

| | Not confident | Quite confident | Confident | Very confident | Never use | Don't know |
|--|------------------|--------------------|-----------|-------------------|--------------------------|--------------------------|
| A mouse | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| A keyboard | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Word /other word processor | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Excel/ other Spreadsheet | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| e-mail | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic library | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| Computerised patient medical records (e.g. EMIS, Torex) | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. Which of the following do you use to support your work? (You may select more than one box)

| | | | | |
|--|---------------------|--------------------------|------------------------|--------------------------|
| Books | Personal collection | <input type="checkbox"/> | Work/dept collection | <input type="checkbox"/> |
| Journals | Personal collection | <input type="checkbox"/> | Work/dept collection | <input type="checkbox"/> |
| Library | | <input type="checkbox"/> | | |
| Colleagues | | <input type="checkbox"/> | | |
| Electronic Resources (e.g. Internet, electronic journals) | | <input type="checkbox"/> | | |
| Other | | <input type="checkbox"/> | ➡ (Please State) | |

3. How often do you use a computer to support your work?

| | |
|------------------|---|
| At least daily | <input type="checkbox"/> |
| At least weekly | <input type="checkbox"/> |
| At least monthly | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Other | <input type="checkbox"/> ➡ (Please state) |

4. Which of the following do you prefer to use to support your work?

- Paper (e.g. books and journals) ☐ ➡ (Please state why).....
- Computer (e.g. Internet and electronic journals) ☐ ➡ (Please state why).....
- Both ☐ ➡ (Please state why).....
- No preference ☐ ➡ (Please state why).....

5. Do you have access to the Internet?

- Yes ☐
- No ☐

6. If you have access to the Internet please indicate where:

(You may select more than one box)

- Work ☐
- Home ☐
- Other ☐ ➡ Please state

7. For what purpose do you use the Internet?

| | At least daily | At least weekly | At least monthly | Occasionally | Never |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Literature Searching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➡ (Please State): | | | | | |

8. Do you regularly experience difficulty when trying to find the information you need from computers?

- Yes ☐ ➡ Please state why.....
- No ☐
- Never use ☐

9. Would you like to make more use of electronic resources?

- Yes ☐
- No ☐
- Please specify why in either case:.....

10. Have you ever received any training in the use of computers?

- Yes ☐ ➡ Please list the subject areas in which training has been received:.....
- No ☐

11. Would you like to receive training in the use of any of the following resources? (You may select more than one box)

- Databases ☐ ➡ (Please State which ones).....
- Internet ☐
- Other ☐ ➡ (Please State)

12. What would be your preferred format for training?

| | Least Desirable | Adequate | Desirable | Highly Desirable |
|--------------------------|--------------------|----------|-----------|---------------------|
| Printed manuals | 1 | 2 | 3 | 4 |
| Tutorial on the Internet | 1 | 2 | 3 | 4 |
| Lectures | 1 | 2 | 3 | 4 |
| Workshops | 1 | 2 | 3 | 4 |
| One to One | 1 | 2 | 3 | 4 |

13. Please specify where you would like to receive this training:

- At work ☐
- At an education/teaching centre ☐
- Library ☐
- Home (self directed learning) ☐

Please provide your details below:
(THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL)

Gender

- Male ☐
- Female ☐

Which age group do you belong to?

- Under 30 years ☐
- 30-39 years ☐
- 40-49 years ☐
- 50-59 years ☐
- Over 60 years ☐

Job Title

- District Nurse ☐
- Health Visitor ☐
- Practice Nurse ☐
- Other ☐ (Please State) ➡

Place of Work

Are you based at:

- A Practice ☐
- A Hospital ☐
- Other ☐ (Please State) ➡

Please return your completed questionnaire to: -

This questionnaire may be used in support of your work providing that The Primary Care Informatics Group at St George's Hospital Medical School and KSSnet is fully acknowledged.