

Usability and Satisfaction Survey on Changes to the Registration Process

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Patient Preimplementation Survey and Consent

Researchers at NYU School of Medicine at Department of Population Health and NYU Langone Medical Center Information Technology are conducting a survey about experiences with the registration process at this clinic.

Your responses will be completely anonymous, so no personal or identifying information will be used or collected. Your participation in this survey is voluntary. By completing the survey, you agree to let us use your responses for research. Your medical care will not be affected by whether or not you decide to participate in this study.

INSTRUCTIONS

Answer all the questions by checking the box to the left of the answer.

Think about the registration process you typically complete. Please note that the term “system” refers to the current paper-based registration system using paper forms and clipboards, including scanning and other processes involved to complete the registration of patients.

1. Overall, I am satisfied with how easy it is to use this registration system.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
2. I could effectively complete the registration process.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
3. I was able to complete the registration process quickly.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree

4. It was easy to navigate the registration process.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
5. Overall, I am satisfied with the registration process.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree

The following questions are about you.

6. Do you have a cell phone or a smart phone?
- ☐ Yes, cell phone
 - ☐ Yes, smart phone
 - ☐ Not sure
7. How confident are you filling out medical forms by yourself?
- ☐ Extremely
 - ☐ Quite a bit
 - ☐ Somewhat
 - ☐ A little bit
 - ☐ Not at all
8. How old are you?
- ☐ 18–29
 - ☐ 30–39
 - ☐ 40–49
 - ☐ 50–64
 - ☐ Over 65
9. What is your race/ethnicity? **[optional]**
- ☐ Non-Hispanic White
 - ☐ American Indian or Alaskan Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Hispanic or Latino
10. What is the highest level of education you have completed? **[optional]**
- ☐ Did not complete high school
 - ☐ High school/GED
 - ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Doctorate

11. Please enter any comments about the registration process here:

Thank you for your time and participation in this study.

