

www.gallupnet.fi/thlkansalaiskysely

User name:

14/05/2014

Dear Participant,

Your opinions and experiences are valuable for the successful improvement of e-services applied in the social welfare and health care sector. By answering the questions in this survey, you will participate in the development of e-services that better meet the needs of their users.

We offer you two alternative ways to participate – you can either log in to the questionnaire's Web site (see address in the top left corner of this letter) using your personal login details (your personal login details are below the Web address), or by completing the hard copy of the questionnaire attached to this letter, and then posting it in the attached envelope (postage paid). If you could reply within a week, it would be much appreciated. All participants are included in a gift certificate draw for one EUR 250.00 and five EUR 50 gift certificates.

Citizens' experiences of electronic services in the social welfare and health care sector (in Finnish: Kansalaisten kokemukset sosiaali- ja terveydenhuollon sähköisistä asiointipalveluista) is a national survey to map users' experiences of electronic health and social services, including usability, critical issues and positive aspects.

The survey is a collaborative project between the National Institute for Health and Welfare (THL), the Finnish Ministry of Finance and the Finnish Ministry of Social Affairs and Health. TNS Gallup Oy is responsible for the practicalities. This is the first time this survey has been organised in Finland. Electronic prescriptions enabling citizens to view their prescriptions online are used in most parts of Finland. Furthermore, citizens will soon also be able to view their patient information online. In some places, measurement data can be safely forwarded to health care professionals online. Many services already offer the option to book appointments via an online booking service.

In order for us to gain a truthful overview of the current status of electronic social welfare and health care services and any need for improvement, it is vitally important that all persons receiving this questionnaire complete it and deliver it to us. Completing the questionnaire will only take approximately 15 minutes of your time. It has been sent to a targeted sample of 15,000 adults (over 18-year-olds) living in Finland. Questionnaires are completed anonymously – the respondents cannot be identified from the data.

The results of this survey will be used in the development of electronic social welfare and health care services by municipalities, hospital districts, and the National Institute for Health and Welfare (THL). The results will also be forwarded to software suppliers. The survey results will be widely publicised in various media, and a seminar is scheduled to be held towards the end of 2014 to discuss the results.

Please do not hesitate to contact us, if you have any questions regarding this survey (its purpose, objective, how the results are used, etc.), or any practical concerns (how to complete the questionnaire, for example).

Survey: Technical issues:

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Source of contact information: Population Register Centre's Population Information System

BACKGROUND INFORMATION

1. Gender

- man
- woman

2. When were you born? In 19____

3. What is the highest level of education you have achieved?

- Basic education (comprehensive/elementary/middle school)
- Vocational degree (secondary level of education)
- Matriculation examination (upper secondary school)
- Bachelor's Degree
- Master's Degree
- Postgraduate Degree

4. Where do you live? Name the municipality. _____

5. Which type of neighbourhood do you live in?

- City centre
- Suburb
- Sparsely populated area, countryside

6. What is your form of accommodation at the moment?

- Owner, or tenant
- Sheltered accommodation, rehabilitation home or retirement home
- Other, what? _____

7. Do you have any dependants?

- Minors (children under the age of 18)
- Elderly people

8. Are you employed full-time or part-time, or are you a full-time or part-time student?

- yes
- no

9. Do you have access to any of the following? (At home, at work, or at school):

	no	yes
a) Internet access	<input type="checkbox"/>	<input type="checkbox"/>
b) Login to access electronic services (e.g. online banking login details)	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH

10. How would you describe your state of health at present?

- good
- fairly good
- average
- fairly poor
- poor

11. Have you been diagnosed with one or more chronic diseases? (You can select several options.)

- yes, a physical illness
- yes, a mental illness
- no
- don't know

12. How well do you generally follow your treatment plan and any related self-care instructions that have been prepared for you because of your chronic illness in order to promote your health or to treat your condition?

- well
- fairly well
- not well, but not poorly either
- rather poorly
- poorly
- I have not received any instructions

13. Over the past year, how many times have the following happened to you yourself, or to your dependants.

	Not once	1 to 2 times	3 to 6 times	More than 6 times
a) Received a new prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Renewed old prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Collected prescription medications from the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Purchased prescription medications from an online pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Purchased prescription medications abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In your opinion, is your diet healthy?

- most of the time
- occasionally
- rarely
- I do not monitor my diet and whether it is healthy or not

15. How much do you exercise and exert yourself physically?

- I read, watch TV and do things that are not very strenuous physically
- I walk, cycle or do light housework and gardening, etc., several hours a week
- I engage in exercise or sport such as running, skiing, swimming or ball games, several hours a week

16. How would you rate your quality of life?

- very poor
- poor
- neither poor nor good
- good
- very good

17. If your functional capacity is impaired, do you need and do you get help for your everyday actions?

- I do not need help and do not get it
- I would need help but do not get it
- I get help, but not enough
- I get enough help
- I get more help than I need

USING HEALTH CARE SERVICES, ELECTRONIC SERVICES

18. Over the past year, how many times have you been to a physician's or nurse's appointment, or contacted a physician or nurse by phone or online, so as to promote your own or your dependant's health? *If you have not had an appointment/contact with a physician or nurse, please give "0" as your answer to the following questions. Do not include those times when you were admitted to a hospital, if any.*

	Appointment, physician	Appointment, nurse	Contact by phone	Online contact
a) occupational health care	___ times	___ times	___ times	___ times
b) health centre	___ times	___ times	___ times	___ times
c) private health care centre	___ times	___ times	___ times	___ times
d) hospital outpatient clinic	___ times	___ times	___ times	___ times

19. Over the past year, have you engaged in any of the following in order to promote your health?

	no, I have not	yes, visit or phone	yes, online contact	If online, did it replace a letter,
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	call			phone call, or visit
a) Searched for reliable information on how to promote your own health, or about diseases, their symptoms, and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
b) Completed health/illness-related risk tests, or completed a written evaluation of you own functional capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
c) <i>Received support in improving your lifestyle habits (diet, exercise, quitting smoking, reducing alcohol consumption, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
d) <i>Searched for information about municipal or private health care or social welfare services available in your neighbourhood/area</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
e) <i>Applied for social services, or social assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
f) <i>Booked an appointment with a physician, nurse, social worker, or social instructor, or for dental care or laboratory tests</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
g) <i>Gave your consent for disclosing your patient/client information to the social welfare or health care professionals involved in your treatment/case</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
h) <i>Received a prescription and viewed your prescription data (remaining refills, need for renewal, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
i) <i>Renewed a prescription</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
j) <i>Received a decision on a social welfare service, or social assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
k) <i>Received your personal patient/client information from a health care or social welfare service provider</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
l) <i>Received laboratory test results</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
m) <i>Forwarded your measurement results (blood sugar, blood pressure, etc.) or other information related to your health or your status as a social welfare client, to health care or social welfare professionals</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
n) <i>Asked for advice and received instructions or guidance from a health care or social welfare professional (based on the data you forwarded, for example)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
o) <i>Completed a customer satisfaction survey, or feedback questionnaire, or gave informal feedback on health care and/or social welfare</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
p) <i>Searched for information about feedback on health care and social welfare services given by others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
q) <i>Made a living will (an advance health care decision regarding your care)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times

20. Over the past year, have you engaged in any of the following activities on behalf of another person (a close relative, dependant, etc.)?

	no	yes, visit or phone call	yes, online contact	If online, did it replace another form of contact, or a visit
a) Searched for, and contacted health or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
b) Took a test to assess the risk of developing a disease, or functional capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
c) Applied for a service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
d) Booked an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
e) Communicated with care or service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
f) Received results from laboratory tests or imaging examinations, or information relating to a social service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
g) Tracked patient records, or a social service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
h) Collected prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times
i) Gave feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ times

21. When you visit a professional, how much – on average – do you spend?

- money (travel and other expenses)? _____ €
- time? _____ h

22. How often do you visit the following Web sites to search for information on social welfare and health care, or to use electronic social welfare and health care services?

	Never	Occasionally	Often
a) Terveyskirjasto.fi (Duodecim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sosiaaliportti (National Institute for Health and Welfare, THL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The Web sites of your local, municipal health care and social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The Web sites of patient associations and organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Päihdelinkki.fi (A-Clinic Foundation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) pienipaatospaivassa.fi (Finnish Heart Association)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Mielenterveystalo.fi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Blogs, discussion forums and other similar sources of information about the experiences of other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Google or some other search engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j) <i>Palveluvaaka.fi</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) <i>Parastapalvelua.fi</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) <i>Drug databanks by pharmacies, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) <i>Hyvis.fi</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) <i>Omakanta.fi (My Kanta, a portal where your electronic prescriptions and consents for information disclosure are stored)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) <i>Suomi.fi (Services for Citizens)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) <i>Suomi24.fi (discussion forum)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) <i>Wikipedia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) <i>Google</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Which of the following tests have you taken in order to assess your own or someone else's risk of developing a disease, or functional capacity, if any?

- Diabetes, e.g. Type 2 Diabetes Risk Test by the Finnish Diabetes Association
- Cardiovascular diseases, e.g. the FINRISK calculator by the National Institute for Health and Welfare (THL)
- Substance abuse, e.g. the Alcohol Use Disorders Identification Test (AUDIT) at *paihdelinkki.fi*
- Weight control, e.g. BMI calculator of the Finnish Heart Association
- Functional capacity, e.g. *Paavo.fi*
- Dementia, e.g. the memory disorder risk test by the Alzheimer Society of Finland
- Mental health, e.g. the symptom navigator at *Mielenterveystalo.fi*
- Other, what? _____

24. How would you describe the online services listed in questions 22 and 23?

	Fully disagree 1 2 3 4 5 Fully agree				
a) <i>The online services serve their purpose well</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) <i>The online services are easy to use</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) <i>I have found the online services useful (they save time, money, and/or effort; provide useful information)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. In your opinion, have you received adequate/sufficient services over the past year?

	No need Needed, but did not receive Received, but not adequately/sufficiently Received adequately/sufficiently			
a) <i>Reliable information on how to promote your own health, or</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

about diseases, their symptoms and treatment				
b) Information on how to be able to independently identify risks related to diseases and personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Information about municipal and private health care and social welfare services available in your neighbourhood/area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Completing applications and the application process in social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Booking an appointment with a physician or nurse, or for dental care or laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Receiving a prescription and viewing your prescription data (e.g. remaining refills, need for renewal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Prescription renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Receiving your patient information from a health care service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Receiving results (laboratory tests, imaging examinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Forwarding information about your health or your measurement results (blood sugar, blood pressure, etc.) to a health care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Receiving treatment instructions from a health care professional (based on the data you have forwarded, for example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Contacting a physician/nurse to receive a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Completing a customer satisfaction survey, or feedback questionnaire, or giving informal feedback on health care and/or social welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Seeing the feedback on health care and social welfare services given by other clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. In your opinion, how important are the following goals set for electronic social welfare and health care services?

Not at all importa	Very import
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	1	2	3	4	5
d) I receive reliable information about services, and based on this information it is easy to choose the most appropriate service for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Access to services is accelerated and/or easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Decisions on treatment and/or services are made in a shorter period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Tracking the administrative process of your case is easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) When my client and patient information can be accessed when and where needed, the professionals receive a more comprehensive understanding of my condition, and overlapping tests and examinations can be avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) My client and patient information is safe (cannot disappear or be misplaced), and will be deleted when no longer needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Using electronic services will promote my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I have access so as to view my patient information, and to track previous and current treatment (diagnoses, operations, medications) whenever I wish to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I have easy access to reliable information about health, diseases and their treatments, and social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) It is easier to contact social welfare and health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) During an appointment, time is not wasted on routines that can be completed before the scheduled appointment time online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) The fact that I am able to interact with social welfare and health care professionals from my own home enhances my sense of security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Errors in medication can be avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I can control how information about my health is used, and take on a more active role in improving my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) I can track information about the places where my health and client information has been processed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) I can make and update my living will and health-related consents myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Using electronic services saves time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) I do not need to attend so many appointments when I use electronic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Using electronic services saves money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Below you will find some statements. What is your opinion about them?

	Fully disagree				Fully agree
	1	2	3	4	5
a) The services I need are not available online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I do not have access to a computer with an Internet connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My technical skills are not sufficient for me to use online services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am not interested in electronic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Locating electronic services is difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Electronic services are not accessible for all (e.g. the visually impaired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Electronic services are not available in my mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) It is difficult to use electronic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I cannot use electronic services on behalf of another person, although it would be necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) For me, there are no additional benefits in using electronic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I do not believe I am receiving the best possible care, if I do not meet with the service provider in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Electronic services slow down the process of finding and receiving appropriate social welfare or health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Electronic services cannot replace contact in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I am worried about the safety of my personal data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) In my opinion, electronic services are unnecessary, because I can contact my physician during his/her telephone hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) The non-medical factors of my care are not addressed, if I do not meet with my service provider in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I cannot be certain that errors in medication, for example, can be avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) The terms and conditions of use are obscure and too long ("I have read and accept these terms and conditions of use")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) I do not trust the providers of electronic services (fear of being exploited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) I do not trust that my personal details remain secret in anonymous contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE DEVELOPMENT OF ELECTRONIC SOCIAL WELFARE AND HEALTH CARE SERVICES

28. How important is it to you personally that the following electronic social welfare and health care services are available?

	Not at all important				Very important
	1	2	3	4	5
a) Availability of general information on health issues, diseases, and their treatment, and treatment recommendations based on reliable sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tracking your own health (e.g. weight, diet, exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tracking your measurement results (e.g. blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Online participation in the preparation of health, treatment and service plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Online risk tests and information to determine the need for treatment and to resolve the issue independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) An index of services to find the appropriate service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Electronic service vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Booking health care appointments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Booking social welfare appointments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Receiving a reminder about an oncoming appointment time via text message (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Access to view and renew prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Access to view patient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Access to view social welfare client information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Access to view the results of your laboratory test or imaging examinations, and the explanations of the results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Access to forward data you have uploaded yourself (e.g. blood pressure, blood sugar), to ask for advice, and to receive instructions and guidance from your physician in electronic format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) A personal e-folder where you can save any information related to your health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Communicating with a social welfare or health care professional via a secure Internet connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Completing applications and forms, and initiating a case online (e.g. applications for social benefits, anamnesis, application for day care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Possibility of denying the use of your personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Making a living will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Give feedback on services online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) See feedback given by other patients or social welfare clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

w) Report on patient injuries and adverse events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Completing customer satisfaction and performance reports online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How would you like to participate in the development of electronic social welfare and health care services that better meet the needs of Finnish citizens?

Below, we have provided a space where you can comment freely on electronic social welfare and health care services:
