

Section A: Engagement with MyChart

1. **Do you know what MyChart is?**
 Yes No

2. **How often do you use MyChart to manage your healthcare?**
 Never
 Rarely (1-2 times a year)
 Sometimes (3-6 times a year)
 Often (7-12 times a year)
 Very often (more than 12 times a year)

3. **If you do not use MyChart, what are the main reasons? (Select all that apply)**
 I prefer to talk to my healthcare provider in person.
 I am not comfortable using computers.
 I am concerned about my privacy.
 I find it difficult to log in.
 I am confused by having multiple healthcare/patient websites.
 Not interested in using MyChart.
 Other (Please specify):

4. **What devices do you use to go on to the internet? (Select all that apply)**
 Smartphone
 Tablet
 Laptop/Computer
 I don't have access to the internet.
 Other (Please specify):

Section B: Barriers and Support

5. **What would help you to use MyChart more frequently? (Select all that apply)**
 Learning how to use MyChart.
 Having a computer or smartphone.
 Having good internet.
 Making it easier to log in.
 Knowing my information is safe.
 Help setting up MyChart.
 Other (Please specify):

6. **Do you feel confident using the internet and digital tools to manage your health? (Select all that apply)**
 Very confident Somewhat confident
 Not confident
 Tools are not available in my language.

7. **What difficulties do you face when trying to log in to MyChart? (Select all that apply)**
 I forget my username and/or password.
 The process is too complicated.
 I don't receive the verification codes.
 I don't have difficulties logging in.
 Other: _____

8. **Do you have someone at home who can help you use MyChart or other healthcare websites?**
 Yes No Sometimes

9. **Are you open to the idea of using tools like phone calls, video chats, or special devices to check your health from home instead of always going to the doctor's office?**
 Yes No
 Maybe, I would like to learn more about it.

10. **Do you believe using MyChart, phone calls, video chats, or other online tools could help you take care of your health better? (Select all that apply)**
 Yes, I think it would help me.
 No, I don't think it would help.
 Maybe, I need more information.
 I'm not sure how these tools work.

11. **Do you understand how tools like phone calls, video chats, or special devices can help doctors check your health from afar without you needing to go to their office?**
 Yes, I understand how they can help.
 No, I'm not sure how they work.

Section C: Demographic Information

12. **Age Group:**
 18-24 25-34 35-44
 45-54 55-64 65-100

13. **Race/Ethnicity (Select all that apply):**
 Black African-Born East African
 Hispanic/Latino White/Non-Latino
 Multi-racial Prefer not to answer
 Other: _____