## **Digital Use Survey**





**Beth Israel Deaconess Medical Center** 

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

This survey asks about your interactions with digital technology. Keep in mind there are no wrong answers.

## Please indicate your answers by checking the corresponding boxes. Select all that apply.

1. I have a digital device.	<b>Yes, I have a</b> Phone Android □ Apple Tablet/iPad Laptop/Computer	No	I want to see if I qualify for a free device
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## 2. Without help from others...

<b>2a.</b> I can use a device to contact my family and friends	<b>Yes, via</b> Call Text Email Video chat (Zoom)	No	l want to learn more
<b>2b.</b> I can use a device to access the internet and find online resources to help solve problems in my day-to-day life.  (Ex. Maps, Google search, YouTube)	Yes	No	I want to learn more
<b>2c.</b> I can practice internet safety and maintain my privacy.  (Ex. Manage account information/passwords, evaluate reliability of external resources)	Yes	No	I want to learn more
<ul><li>2d. I can use my device towards professional skills/development.</li><li>(Ex. Find a job online, work remotely, complete schoolwork)</li></ul>	Yes	No	l want to learn more
<b>2e.</b> I can use my device to do the following activities related to my healthcare:	Contact a healthcare provider Schedule appointments Keep track of appointments Meet a provider virtually Use apps to manage my health	No	I want to learn more
<b>2f.</b> I have used a health/wellness app before.	I used it for <1 week 1-2 weeks 2-4 weeks More than 1 month	No	l want to learn more

3. Is there another digital skill you would like to learn about? Please write response below.					