

Survey on Attitudes toward Sharing and Managing Medical Records

Yasuharu Ukai, Director
The Research Institute for Socionetwork Strategies (RISS) at Kansai University

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Thank you for your cooperation in participating in this survey. Please do not speak about the information of the survey to a third-party individual (including posting on bulletin boards, websites, etc.). Your cooperation is greatly appreciated.

Q1. Which of the following best describes your current employment or work status?

1. Company employee
2. Temporary staff
3. Self-employed
4. A part-time employee
5. Housewife / husband
6. Currently unemployed
7. Other status (Specify: _____)

Q2. Have you seen a doctor in the last 12 months (excluding a dentist)?

1. Yes
2. No

Q3. Do you see a doctor more than once every 3 months (excluding a dentist)?

1. Yes
2. No

Q4. How long does it take from where you live to the medical facility you use most often? If you don't have such a medical facility, think of the one you would visit if you were to see a doctor (excluding a dentist).

[] hour(s) [] minute(s) (Enter in one-digit space.)

Q5. What is the primary means of transportation you use to get to the medical facility you use most often (excluding a dentist)?

1. On foot
2. My car
3. Bus
4. Train
5. Taxi
6. Motorbike
7. Bicycle
8. Other means (Specify: _____)

Q6. How long does it take from where you live to the medical facility you would visit if you were to see a doctor (excluding a dentist)?

[] hour(s) [] minute(s) (Enter in one-digit space.)

Q7. What is the primary means of transportation you would use to get to the medical facility you would visit if you were to see a doctor (excluding a dentist)?

1. On foot
2. My car
3. Bus
4. Train
5. Taxi
6. Motorbike
7. Bicycle
8. Other means (Specify: _____)

Q8. How long does it take from where you live to the medical facility that offers inpatient care?

[_____] hour(s) [_____] minute(s) (Enter in one-digit space.)

Q9. What is the primary means of transportation you (would) use to get to the medical facility that offers inpatient care?

1. On foot
2. My car
3. Bus
4. Train
5. Taxi
6. Motorbike
7. Bicycle
8. Other means (Specify: _____)

Q10. How long does it take from where you live to the nearest university-affiliated hospital?

[_____] hour(s) [_____] minute(s) (Enter in one-digit space.)

Q11. What is the primary means of transportation you (would) use to get to the nearest university-affiliated hospital?

1. On foot
2. My car
3. Bus
4. Train
5. Taxi
6. Motorbike
7. Bicycle
8. Other means (Specify: _____)

Q12. Which of the following statements apply to you when you choose the right medical facility for you?

Select all that apply.

1. I choose a medical facility at a convenient location.
2. I check the quality of the doctors carefully before I visit a medical facility.
3. I keep changing medical facilities until I find a doctor with whom I feel comfortable.
4. I choose a university-affiliated hospital.
5. I choose a larger hospital.
6. I go to the medical facility at which I have been receiving treatment for a long time.
7. I go to the medical facility at which a doctor I know is working.
8. I don't mind changing medical facilities if there is a better doctor somewhere else.
9. I try to stick with the same medical facility.
10. Other things you do (Specify: _____)
11. I can't think of anything in particular.

Q13. Suppose you were in a situation in which you would have to see a doctor every month for the next 12 months. What are some factors you would consider in choosing the right medical facility for you? Please select 4 factors from the following, and enter a number 1 - 4 next to each of them, with 1 being the most important factor. If you don't have any criteria in choosing a medical facility, select "Nothing in particular."

1. ____ Convenient location from home
2. ____ Convenient location from work
3. ____ The fact that I usually go to this medical facility
4. ____ The fact that a doctor I know well works at this medical facility
5. ____ Short wait time
6. ____ Good reputation
7. ____ Good services
8. ____ Clean facilities
9. ____ Large size
10. ____ The fact that people I know go to this medical facility
11. ____ Nothing in particular

Q14. How would you describe your current health condition?

1. Excellent
2. Good
3. Hard to say
4. Not so good
5. Poor

Q15. What do you do to keep yourself healthy? Select all that apply.

1. Walk as much as possible
2. Play sports
3. Work out every day
4. Go to the gym/health club
5. Eat healthy
6. I'm on a diet.
7. Other things you do (Specify: _____)
8. Nothing in particular

Q16. When you think you are coming down with a cold, at what point do you see a doctor?

1. Immediately
2. Immediately if there are no prior commitments
3. In a few days if it gets worse
4. Only if it doesn't get better for a long time
5. I don't see a doctor.

Q17. If you could consult a doctor or a nurse about your health at a medical facility, would you like to?

1. Yes, I would like to consult any doctor.
2. If I know the doctor well, I would.
3. Yes, I would like to consult any nurse.
4. If I know the nurse well, I would.
5. No, I wouldn't.

When patients visit a medical facility, laboratory tests such as a blood test may be performed, depending on their conditions. Please answer the following questions regarding the laboratory test results.

Q18. Have you ever had a laboratory test such as a blood test?

1. Yes
2. No
3. I don't know.

Q19. Have you ever received a paper copy of your blood test results, etc., from your healthcare provider?

1. Yes
2. No
3. I don't know.

Q20. If your answer to the previous question was "1 Yes," which of the following statements apply to your experience with the copy of your lab results? Select all that apply.

1. My doctor reviewed the lab results with me.
2. I looked into what the lab results meant myself.
3. I asked someone else what my lab results meant.
4. I keep the paper results at home.
5. I've lost the paper results.
6. Other experience (Specify: _____)
7. I don't remember.

Q21. How do (would) you want your laboratory results to be shared and managed? Select all that apply.

1. I want a paper copy of the results.
2. I want to check the results online.
3. I want to check the results on my cell phone.
4. I want to know the results when I ask my healthcare provider.
5. I want it to be properly maintained and managed even outside of the medical facility.
6. Other request (Specify: _____)
7. I don't need the lab results.

A Medication Record Book (*Okusuri Techo*) is a notebook that records the names of the medications prescribed to a patient, their dosages, and frequencies, etc. It can be obtained at a pharmacy, etc. Please answer the following questions regarding the Medication Record Book.

Q22. Have you ever received a Medication Record Book at a pharmacy, etc.?

1. Yes
2. No
3. I don't know.

Q23. If your answer to the previous question was "(a) Yes," which of the following statements apply to your experience with the Medication Record Book?

1. My pharmacist reviewed the medications in the Medication Record Book with me.
2. I looked into the medications in the Medication Record Book myself.
3. I asked someone else about the medications in my Medication Record Book.
4. I keep my Medication Record Book at home.
5. I've lost my Medication Record Book.
6. Other experience (Specify: _____)
7. I don't remember.

Q24. If your answer to Q22 was “1 Yes,” how do you want the information in your Medication Record Book to be shared and managed? Select all that apply.

1. I’m happy with the current paper book.
2. I want to check the information online.
3. I want to check the information on my cell phone.
4. I want to know the information when I ask the pharmacy.
5. I want it to be properly maintained and managed at a medical facility.
6. I want it to be properly maintained and managed at a pharmacy.
7. I want it to be properly maintained and managed even outside of a medical facility or a pharmacy.
8. Other request (Specify: _____)
9. I don’t need a Medication Record Book.

A Medication Record Book keeps a record of medications you are taking now, you have taken in the past, and you have had an adverse reaction to, etc. Your doctor and pharmacist can use this information to avoid prescribing the medications to which you had an adverse reaction or to make sure all the medications prescribed are compatible with each other when multiple medications are prescribed.

Q25. If you don’t have a Medication Record Book, would you like to have one?

1. Yes
2. No

Q26. If you were to use a Medication Record Book, how would you like the information in the Medication Record Book to be shared and managed? Select all that apply.

1. I would want a paper book.
2. I would want to check the information online.
3. I would want to check the information on my cell phone.
4. I would want to know the information when I inquire at the pharmacy.
5. I would want it to be properly maintained and managed at a medical facility.
6. I would want it to be properly maintained and managed at a pharmacy.
7. I would want it to be properly maintained and managed even outside of a medical facility or a pharmacy.
8. Other idea (Specify: _____)
9. I don’t need a Medication Record Book.

Q27. How do you feel about the fact that you have to fill out a form about your medical history, etc. every time you go to a new pharmacy?

1. It’s only natural because I’m a new patient at the pharmacy.
2. Nothing in particular.
3. It’s a waste of time because I’ve filled out the same kind of form before.
4. Other opinion (Specify: _____)

A Mother and Child Health Handbook (*Boshi Techo*) is a notebook which is provided to a pregnant woman when she registers her pregnancy at the municipal office. It has important information for a mother and her baby such as the health conditions of the mother during her pregnancy and vaccinations for the baby, etc. Please answer the following questions regarding the Mother and Child Health Handbook.

Q28. Do you have a Mother and Child Health Handbook? Or do you know where you keep it?

1. I always carry it with me.
2. I don’t have it with me, but I know where it is.
3. I don’t have one.
4. I don’t know.

Q29. If your answer to the previous question was “1 I always carry it with me” or “2 I don’t have it with me, but I know where it is,” how do you want the information in your Mother and Child Health Handbook to be shared and managed? Select all that apply.

1. I’m happy with the current paper book.
2. I want to check the information online.
3. I want to check the information on my cell phone.
4. I want to know the information when I inquire at the municipal office.
5. I want it to be properly maintained and managed at a medical facility.
6. I want it to be properly maintained and managed even outside of a medical facility or a pharmacy.
7. Other request (Specify: _____)
8. I don’t need a Mother and Child Health Handbook.

Q30. Have you ever had a physical examination?

1. Yes
2. No
3. I don’t know.

Q31. If your answer to the previous question was “1 Yes,” which of the following statements apply to your experience with the results of your physical examination? Select all that apply.

1. My doctor reviewed the results with me.
2. I looked into what the results meant myself.
3. I asked someone else what my results meant.
4. I keep the results at home.
5. Other experience (Specify: _____)
6. I don't remember.

Q32. If your answer to Q30 was “1 Yes,” how do you want the results of your physical examination to be shared and managed? Select all that apply.

1. I want a paper copy.
2. I want to check the results online.
3. I want to check the results on my cell phone.
4. I want to know the results when I ask my healthcare provider.
5. I want it to be properly maintained and managed at a medical facility.
6. I want it to be properly maintained and managed even outside of a medical facility.
7. Other request (Specify: _____)
8. I don’t need to see the results of my physical examination.

Q33. How do you feel about having a physical examination?

1. I want to have a physical examination.
2. I don’t want to have a physical examination.

Q34. If you were to have a physical examination, how would you want the results of the examination to be shared and managed?

1. I would want a paper copy of the results.
2. I would want to check the results online.
3. I would want to check the results on my cell phone.
4. I would want to know the results when I ask my healthcare provider.
5. I would want it to be properly maintained and managed at a medical facility.
6. I would want it to be properly maintained and managed even outside of a medical facility.
7. Other request (Specify: _____)
8. I wouldn’t need to see the results of my physical examination.

When patients visit a medical facility, diagnostic imaging tests (e.g. X-ray, CT) or laboratory tests (e.g. a blood test) may be performed. The patients' information obtained through these tests is usually maintained at the medical facility for a certain period of time along with their medical charts.

Q35. Have you ever had a diagnostic imaging test or a laboratory test at a medical facility?

1. Yes
2. No
3. I don't know.

Q36. If your answer to the previous question was "1. Yes," how do you want your films from diagnostic imaging and your lab results to be shared and managed? Select all that apply.

1. I want the medical facility at which I received treatment to keep my films and lab results, and share them with me when I need them.
2. I want the medical facility at which I received treatment to keep my films and lab results, and use them when I get sick and visit them again in the future.
3. I want the medical facility at which I received treatment to keep my films and lab results, and use them for research and medical advancement (if they are anonymized).
4. I want the medical facility at which I received treatment to keep my films and lab results, and use them for research and medical advancement (even if they were identifiable).
5. I want to manage my films and lab results myself, so I want the medical facility to give me the records they have of mine.
6. I want my films and lab results to be destroyed once the treatment is over.
7. Other request (Specify: _____)

Q37. If you were to have a diagnostic imaging test or a laboratory test at a medical facility, how would you want your films from diagnostic imaging and lab results to be shared and managed?

1. I would want the medical facility at which I received treatment to keep my films and lab results, and share them with me when I need them.
2. I would want the medical facility at which I received treatment to keep my films and lab results, and use them when I get sick and visit them again in the future.
3. I would want the medical facility at which I received treatment to keep my films and lab results, and use them for research and medical advancement (if they were anonymized).
4. I would want the medical facility at which I received treatment to keep my films and lab results, and use them for research and medical advancement (even if they were identifiable).
5. I would want to manage my films and lab results myself, so I would want the medical facility to give me the records they have of mine.
6. I would want my films and lab results to be destroyed once the treatment is over.
7. Other request (Specify: _____)

Q38. If you were to change medical facilities or receive a referral to another medical facility, how would you feel about repeating the same tests again within 3 months? Tick (✓) the most applicable box for each test.

	I wouldn't mind repeating the same test.	I wouldn't really want to repeat the same test.	I would definitely not want to repeat the same test.	I don't know.
Blood test				
Chest X-ray				
CT (computed tomography)				
MRI (magnetic resonance imaging)				

Some medical conditions require a long-term treatment at a medical facility such as a lifestyle disease. It is possible that patients with this type of disease will transfer from one medical facility to another in the course of treatment, depending on the seriousness of the condition. For example, they might go to a university-affiliated hospital when the condition is serious, but they might move to a local clinic when the condition gets better.

Q39. If you were to transfer from one medical facility to another, how would you feel about sharing your medical charts, lab results, and films from diagnostic imaging, etc. created by your previous healthcare provider with your new healthcare provider?

1. Any doctors at my new medical facility can access all of my medical records created by my previous health care provider if it's helpful for my treatment.
2. Any doctors at my new medical facility can access part of my medical records created by my previous health care provider with my consent.
3. Only those doctors whom I appointed at my new medical facility can access all of my medical records created by my previous health care provider.
4. Only those doctors whom I appointed at my new medical facility can access part of my medical records created by my previous health care provider with my consent.
5. I don't want any other doctors to access my medical records created by my previous health care provider.

Q40. The information contained in the medical charts, lab results, and films from diagnostic imaging, etc. created by a healthcare provider for each patient is mainly used to treat this particular patient. How would you feel about your information being used for other purposes? Tick (✓) the most applicable box for each use.

	Other opinion (Specify:)	I would definitely not want my information to be used.	I would consider sharing my information if they would pay me for using my information.	They can use part of my information without my consent if it's anonymized.	They can use all my information without my consent if it's anonymized.	They can use part of my information with my consent.	They can use all my information without my consent.
Research for medical advancement							
Training for new doctors							
Planning for the domestic healthcare system							
Research on how to cut domestic healthcare costs							
Resource for an insurance							

company							
New drug development by a pharmaceutical company							

Personal Health Record (PHR) is one of the health information technology tools. Patients can collect their health information from their healthcare provider(s) (e.g. laboratory results, billing information, etc.), store them in one place, and share certain components of it with another healthcare provider as they wish. They can also enter their general health information such as their height, weight, and physical conditions. Please answer the following questions regarding sharing your PHR with a third party.

Q41. Which one of the following statements best describes how you would feel about sharing your PHR with a healthcare provider?

1. I wouldn't mind sharing my general health information with a health care provider if it would be helpful for my treatment.
2. I wouldn't mind sharing my medical records created by another healthcare provider with my new healthcare provider if it would be helpful for my treatment.
3. I wouldn't mind sharing my general health information with a health care provider if they would lower my healthcare costs for granting them access to my information.
4. I wouldn't mind sharing my medical records created by another healthcare provider with my new health care provider if they would lower my healthcare costs for granting them access to my information.
5. I wouldn't want to share my PHR with a health care provider.

Q42. Which one of the following statements best describes how you would feel about sharing your PHR with a health club?

1. I wouldn't mind sharing my medical records created by a healthcare provider with a health club if it would be helpful for planning my workout.
2. I wouldn't mind sharing my workout records at a health club with a healthcare provider if it would be helpful for my treatment.
3. I wouldn't mind sharing my medical records created by a healthcare provider with a health club if they would pay me for granting them access to my information.
4. I wouldn't mind sharing my workout records with a health care provider if they would pay me for granting them access to my information.
5. I wouldn't want to share my PHR with a health club.

Q43. Which one of the following statements best describes how you would feel about sharing your PHR with an insurance company?

1. I wouldn't mind sharing my medical records created by a healthcare provider with an insurance company if they would lower my insurance premiums for granting them access to my information.
2. I wouldn't mind sharing my general health information with an insurance company if they would lower my insurance premiums for granting them access to my information.
3. I wouldn't want to share my PHR with an insurance company.

Q44. Which one of the following statements best describes how you would feel about sharing your PHR with a pharmaceutical company?

1. I wouldn't mind sharing my medical records created by a healthcare provider with a pharmaceutical company if they would pay me for granting them access to my information.
2. I wouldn't mind sharing my general health information with a pharmaceutical company if they would pay me for granting them access to my information.
3. I wouldn't want to share my PHR with a pharmaceutical company.