

Supplementary Material

Telehealth Literacy as a Social Determinant of Health: A Novel Screening Tool to Support Vulnerable Patient Equity

Telehealth Literacy Screening Tool

Biopsychosocial background

From Chart/ Epic Data Review

Patient MRN:

Patient Age:

Does the patient have cognitive impairment?

Does the patient have hearing/visual impairment?

Is patient interested in accessing MyChart?

Active MyChart account?

How often have they logged in to MyChart in the last 6 months?

If not active, is patient interested in using MyChart to access health data and virtual visits?

Patient Questionnaire

Access to technology (1-4)

1. Do you have internet at your home?
 - Yes
 - Sometimes
 - Please explain:
 - No
 - I don't know

If answered **yes or sometimes** to having internet (1):

2. What devices do you use to go on the internet? *Select all that apply.*
 - Computer
 - Smartphone
 - Tablet

3. If you use a **smartphone or tablet**, who provides your internet access?
 - A cellular data plan (through a phone company like Verizon or T-Mobile)
 - WiFi (through a cable company like Cox)

4. Does someone else help you use your smartphone or tablet?
 - Yes
 - Please explain:
 - No

Please answer the following questions to the best of your ability. The questions relate to your baseline use and exclude the help of another individual.

Technological literacy (5-8).

If you use a **smartphone or tablet**, are you comfortable with typing words into this device, such as text messaging?

- (2) Yes
 - (1) Sometimes
 - (0) No or unsure
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6. If you use a **smartphone or tablet**, are you comfortable with opening and exiting different windows, e.g. entering your email or messages and then going back to your home page?
 - (2) Yes
 - (1) Sometimes
 - (0) No or unsure

 7. If you use a **smartphone or tablet**, are you comfortable with scrolling down a page?
 - (2) Yes
 - (1) Sometimes
 - (0) No or unsure

 8. If you use a **smartphone or tablet**, are you comfortable with selecting buttons or clicking boxes, such as “yes” or “no”?
 - (2) Yes
 - (1) Sometimes
 - (0) No or unsure

eHealth literacy (9-12)

9. If you use a **smartphone** or **tablet**, are you comfortable using MyChart (this is an application or icon on your device)?

- (2) Yes
- (1) Sometimes
- (0) No or unsure

10. If you use a **smartphone** or **tablet**, are you comfortable with opening your email that is connected to your MyChart account?

- (2) Yes
- (1) Sometimes
- (0) No or unsure

11. If you use a **smartphone** or **tablet**, how often do you go to your MyChart account?

- (2) Frequently
- (1) Sometimes
- (0) Never or unsure

12. If you use a **smartphone** or **tablet**, how often do you open **your email** associated with your MyChart account?

- (2) Frequently
- (1) Sometimes
- (0) Never or unsure

Total score: *(minimum 0; maximum 16)*