

IAM (PUSH version)

**Q1. What is the impact of this information on you or your practice? *Please check all that apply***

Note: You can check more than one type of impact.  
Note to programmer: **MUST check at least one**

- I learned something new
- I am motivated to learn more
- This information confirmed I did (am doing) the right thing
- I am reassured
- I am reminded of something I already knew
- I am dissatisfied
- There is a problem with the presentation of this information

*If Yes, what problem do you see?*

*Too much information?*

*Not enough information?*

*Information poorly written?*

*Too technical?*

*Other? If 'Yes', TEXT BOX with mandatory comment. Instruction: **Please describe this problem.***

- I disagree with the content of this information
- This information is potentially harmful

• **If 'Yes', TEXT BOX with mandatory comment. Instruction: *Please describe how this information may be harmful***

**Q2. Is this information relevant for at least one of your patients?**

- Totally relevant
- Partially relevant
- Not relevant

**Answering "No" disables question 3**

**Q3. Will you use this information for a specific patient?**

	Yes	No	Possibly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Answering "No" or "Possibly" will disable items of 'use' and question 4**

If YES: ***Please check all that apply***

Note: You can check more than one type of use.

Note to programmer: **MUST check at least one**

- As a result of this information I will manage this patient differently
- I had several options for this patient, and I will use this information to justify a choice
- I thought I knew what to do, and I used this information to be more certain about the management of this patient
- I used this information to better understand a particular issue related to this patient
- I will use this information in a discussion with this patient, or with other health professionals about this patient
- I will use this information to persuade this patient, or to persuade other health professionals to make a change for this patient

**Q4. For this patient, do you expect any health benefits as a result of applying this information?**      **Yes**      **No**

Answering "No" will disable items of 'health benefit'           

If YES: Check all that apply. You may check more than type of health benefit

Note to programmer: **MUST check at least one**

- This information will help to improve this patient's health status, functioning or resilience (i.e., ability to adapt to significant life stressors)
- This information will help to prevent a disease or worsening of disease for this patient
- This information will help to avoid unnecessary or inappropriate treatment, diagnostic procedures, preventative interventions or a referral, for this patient

**Comment on this information or this questionnaire.**

**Display thank you message - acknowledge credit earned.**