

**Additional file 1: Survey**

1. Which of the following options best describes your trust? (Please tick all that apply)

- Foundation trusts
- Acute trusts
- Mental health trusts
- Community Care trusts
- Yorkshire and the Humber
- London
- West Midlands
- South West
- South East
- South Central
- North West
- North East
- East England
- East Midlands

2. Do you currently have any form of Electronic Patient Record?

- Yes
- No

3. What systems do you currently use to provide the EPR?

4. Will this system allow you to go paperless by 2018?

- Yes
- No

If No what is your plan for achieving this goal?

5. What functions does your EPR currently include?

- Clinical Decision Support
- Results
- Ordering Drugs
- Words
- Numeric

Other (please specify)



|                 | Not Used  | 1  | 2  | 3  | 4  | 5  |
|-----------------|---|--|--|--|--|--|
|                 | devices Not Used                                  | devices 1                                  | devices 2                                  | devices 3                                  | devices 4                                  | devices 5                                  |
| Android devices | <input type="checkbox"/> Android devices Not Used | <input type="checkbox"/> Android devices 1 | <input type="checkbox"/> Android devices 2 | <input type="checkbox"/> Android devices 3 | <input type="checkbox"/> Android devices 4 | <input type="checkbox"/> Android devices 5 |
| PDA's           | <input type="checkbox"/> PDA's Not Used           | <input type="checkbox"/> PDA's 1           | <input type="checkbox"/> PDA's 2           | <input type="checkbox"/> PDA's 3           | <input type="checkbox"/> PDA's 4           | <input type="checkbox"/> PDA's 5           |
| Tablets         | <input type="checkbox"/> Tablets Not Used         | <input type="checkbox"/> Tablets 1         | <input type="checkbox"/> Tablets 2         | <input type="checkbox"/> Tablets 3         | <input type="checkbox"/> Tablets 4         | <input type="checkbox"/> Tablets 5         |
| Smartphones     | <input type="checkbox"/> Smartphones Not Used     | <input type="checkbox"/> Smartphones 1     | <input type="checkbox"/> Smartphones 2     | <input type="checkbox"/> Smartphones 3     | <input type="checkbox"/> Smartphones 4     | <input type="checkbox"/> Smartphones 5     |

Comment field

10. Would you be happy to take part in a follow up telephone interview?

- Yes
- No

If Yes please provide an email address

below