General information

Question 1: How old are you? (*Open-ended*)

Question 2: What is your sex/gender? (*Multiple choice*)

- o Female
- o Male
- o Other

Question 3: In which school year are you enrolled? (*Multiple choice*)

- \circ 1st
- o 2nd
- o 3rd
- o 4th
- o 5th

Question 4: What kind of mobile device do you have? [Check all that apply]

- o iPhone/iPod touch
- o iPad
- Android (phone or tablet)
- o Blackberry
- o Computer/Laptop
- Other (please specify)

School and house

Question 5: Do you use any of the devices mentioned previously for learning purposes at the university? Understanding by learning to improve your comprehension, memory and execution. (*Multiple choice*)

- o Yes
- o No

Question 6: Do you consider that the EMUP provides you with support or actions that facilitate the use of electronic devices? If you think so, mention how. (*Open-ended*)

Question 7: Have you used any of your devices for any of the following purposes? [Check all that apply]

- Take notes
- Search for information about drugs
- Practical guides
- o Read sources of information such as DynaMed or UpToDate
- Medical calculators
- Differential diagnoses

- Read medical articles
- Contact doctors or teachers to solve doubts
- Other (please specify)

Question 8: Do you know that your university provides access to medical information sources? (*Multiple choice*)

- o Yes
- o No

Question 9: If your previous answer was Yes, specify which ones you have accessed. (*Open-ended*)

Question 10: Does the internet network of the university work properly? (*Multiple choice*)

- o Always
- Sometimes
- Hardly ever
- Never

Question 11: In what way have the resources provided by the university been useful or not? (*Open-ended*)

Question 12: How often (in hours per week) do you use your devices for learning purposes? (*Open-ended*)

Question 13: Do you use any of your devices as a study source outside the university and the hospital? (*Multiple choice*)

- o Yes
- o No

Question 14: If your previous answer was Yes, write how often (in hours per week). (*Open-ended*)

Question 15: Do you use medical applications on any of your devices? (*Multiple choice*)

- Yes
- o No

Question 16: Do you use any of the following applications? [Check all that apply]

- Medical calculator (ie. MedCalc)
- o Reference sources (ie. MedScape, UpToDate)
- o Pharmaceutical dictionaries (ie. PLM, Vademecum)
- Other (please specify)

Question 17: What difficulties have you had to access electronic sources in the university? [Check all that apply]

- Access to the network
- o Not knowing what resources are available
- Not understanding how to use these resources
- Technical problems
- Lack of permissions
- Lack of time
- Other (please specify)

Question 18: Which book format do you consult most frequently? (*Multiple choice*)

- Virtual books
- Physical books
- Equal frequency

Question 19: Which type of class do you prefer? (*Multiple choice*)

- o 100% oral
- With blackboard support
- With audiovisual support
- With active participation

Question 20: Why do you prefer this type of class? [Check all that apply]

- o I pay more attention
- o The visual support helps me
- I consider it more dynamic
- o I find it useful to have the presentations available to study

Question 21: Did you consider your medical informatics course useful? (*Multiple choice*)

- o Yes
- o No

Question 22: What would you propose to improve it? (*Open-ended*)

Question 23: Have any of your teachers done activities with an electronic device during class? (*Open-ended*)

Question 24: Would you like more teachers to implement this type of dynamics? (*Multiple choice*)

- o Yes
- o No

Question 25: What do you propose for the school to support the use of electronic devices? (*Open-ended*)

Question 26: Do you study any subject in a hospital? (*Multiple choice*)

- o Yes
- o No

Hospital

Question 27: Do you use any of these devices for learning purposes in the hospital? (*Multiple choice*)

- o Yes
- o No

Question 28: Have you received support for the use of electronic devices in any of the hospitals for which you have rotated? Specify which and where. (*Open-ended*)

Question 29: Have you used any of your devices for any of the following purposes? [Check all that apply]

- Take notes
- Search for information about drugs
- Practical guides
- o Read sources of information such as DynaMed or UpToDate
- Medical calculators
- o Differential diagnoses
- Read medical articles
- Contact doctors or teachers to solve doubts
- o Other (please specify)

Question 30: What difficulties have you had to access sources of information in the hospital? [Check all that apply]

- Access to the network
- o Not knowing what resources are available
- Not understanding how to use these resources
- Technical problems
- Lack of permissions
- Lack of time
- o Other (please specify)

Question 31: In which hospitals have you had these difficulties? (*Open-ended*)

Question 32: Do you have Internet access in a hospital? Please specify in which one. (*Open-ended*)

Question 33: Do any of the hospitals in which you have rotated have an electronic file? Please specify in which one. (*Open-ended*)

Question 34: Would you like to have access to this type of files? (*Multiple choice*)

- o Yes
- o No

Question 35: What do you propose for hospitals to support the use of electronic devices? (*Open-ended*)

Question 36*: Do you accept that your answers are used for the statistical analysis of our study? (*Multiple choice*)

- o Yes
- o No