THOMAS MORE

MANUAL

UTAUT2-Screener

Nele A.J. De Witte
Fien Buelens
Tom Van Daele

Psychology and Technology
Centre of Expertise Care and Well-Being
Thomas More University of Applied Sciences

Published 08/2026

1. Introduction

Interest in the implementation of new technologies for healthcare and social services is on the rise. Despite the potential benefits of digital applications in terms of cost, accessibility of care, and community-based client follow-up, implementation often remains particularly challenging. To effectively integrate technology into healthcare and social services practice, it is essential to gain insight into the perceived barriers to using these applications among both professionals and end users.

The Unified Theory of Acceptance and Use of Technology (UTAUT) by Venkatesh, Morris, Davis, and Davis (2003) integrated various models into a comprehensive model that identifies the various determinants of (intention to) use new technological applications. The key determinants in this model are outcome expectancies, effort expectancies, social influence, and facilitating conditions. This model was later succeeded by UTAUT 2 (Venkatesh, Thong, & Xu, 2012), which added the determinants of hedonic motivation, perceived value, and habit to map consumer acceptance of information technology. In both models, age, gender, and experience are also identified as important moderators of the determinants' influence on behavioral intention and, ultimately, technology use.

Extended UTAUT(2) questionnaire exists and has undergone adaptations to multiple contexts. The current instrument addresses questions arising from practice following several years of use of the previous instruments. It is shorter, more versatile, usable by both end users and professionals, and allows for the calculation of a total score. The UTAUT2-Screener was validated and published (De Witte, Buelens, Grassini, & Van Daele, 2026). Please include this reference upon use:

> De Witte, N. A. J., Buelens, F., Grassini, S., & Van Daele, T. (2026). Acceptance of Digital Health and Well-Being: The Development of the UTAUT2-Screener. *Journal of Technology in Behavioral Science*. https://doi.org/10.1007/s41347-026-00683-7

A translation also exists in Dutch (although it has not undergone validation in this language). The instrument is open for use, adaptation, and translation. Potential future **translations** can also be delivered to the authors to be made publicly available via the UTAUT2-Screener webpage.

2. Screener aims

The UTAUT2 Screener assesses seven determinants, three moderators, and behavioral intention from the UTAUT2 model, with the aim of gaining a better understanding of the needs and barriers to the implementation of technological applications by professionals and end users in the health care and well-being services sector. This information serves as important input for policies and guidelines regarding the use and implementation of technological applications.

3. Screener properties

The UTAUT2 Screener includes all scales and moderators from the UTAUT2 model. Figure 1 provides an overview of the factors and their interrelationships based on the UTAUT2 model.

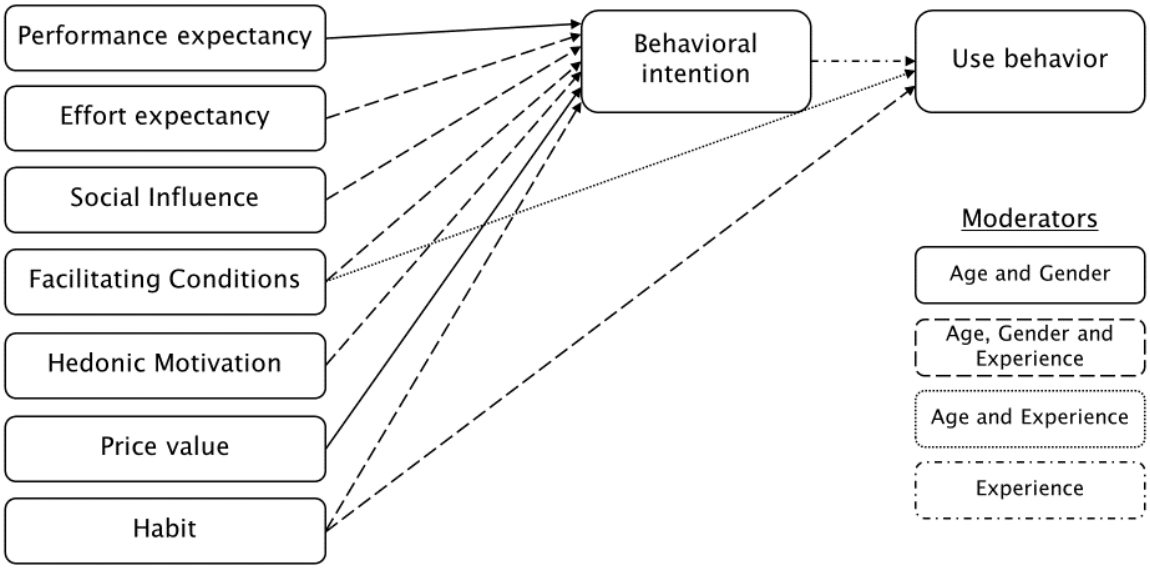


FIGURE 1. THE UTAUT2 MODEL WHICH WAS USED IN THE QUESTIONNAIRE

Behavioral intention, or the extent to which a professional or user intends to use a technology in the future, is predicted by seven determinants, namely:

- **Outcome Expectancy**: the extent to which this technology will provide benefits and help individuals achieve their goals (which, in this case, may involve providing or receiving healthcare and well-being services).
- **Effort Expectancy**: the ease with which a person believes they can use this technology.
- **Social Influence**: the extent to which someone believes that important people in their network encourage the use of this technology.
- **Facilitating Conditions**: the extent to which professionals and users perceive that resources and support are available to use this technology.
- **Hedonic Motivation**: the extent to which pleasure is derived from using this technology.
- **Price Value**: the degree of trade-off between the benefits received and the cost of using this technology
- **Habit**: The extent to which individuals tend to use the technology automatically as a result of learning experiences. Since many technologies have not yet achieved a high penetration rate in healthcare and welfare services, and the use of such applications is often temporary and based on medical indication, the predictor “habit” is not always of relevance in this context.

Unlike previous UTAUT questionnaires, each scale in this questionnaire is assessed using only one item. To create this item, the themes covered in the current UTAUT2 items were combined into a single item. Two authors (FB and NDW) independently created a composite item for each scale of the UTAUT2 model. In addition, Microsoft Copilot (a generative AI tool) was asked to create one item per scale that included all the themes from the various items. The authors then discussed the items to reach a consensus. The original UTAUT questionnaire from 2003 frequently used the conditional mood (e.g., “It would be easy for me to become skilled at …”), whereas UTAUT2 tends to use the indicative mood (e.g., “It is easy for me to become skilled at …”). Given the current low penetration rate of some technologies in healthcare and welfare services, it was decided to retain the conditional mood for items 1 and 2 in the UTAUT2-Screener questionnaire. Given this low penetration rate, the behavioral intention item (item 8) assesses the intention to use the technology in cases where implementation is appropriate. The moderators, or individual differences (age, gender, and experience), are included in the questionnaire (items 9, 10, 11), bringing the total number of items in the questionnaire to 11. The subject of the items is “this technology,” which is specified in the questionnaire instructions. The items can be presented in a random order.

TABLE 1. ITEMS OF THE UTAUT2-SCREENER

Item-number	Item	Scale
1	This technology would be useful and would help to accomplish things more quickly.	Outcome Expectancy
2	This technology would be easy to learn, to use and to become skillful at.	Effort Expectancy
3	People who are important to me, influence my behavior, or whose opinions I value, think that I should use this technology.	Social Influence
4	I have the resources and knowledge or help from others to use this technology.	Facilitating conditions
5	Using this technology is enjoyable or entertaining.	Hedonic motivation
6	This technology is reasonably priced and a good value for money.	Price Value
7	The use of this technology has become a habit for me.	Habit
8	When indicated, I intend to use the technology in the future or plan to continue using it frequently.	Behavioral intention
9	I have experience with using this technology in this context. o No o Limited o More than limited	Moderator (experience)
10	I am …. years old	Moderator (age)
11	How do you identify? I see myself as a … o Man o Woman o Other, that is: …… o Prefer not to say	Moderator (gender)

The instructions for the UTAUT2-Screener have been deliberately kept brief and neutral, allowing you to specify which technology implementation will be the focus of the questionnaire. You can use the list below (Table 2), which includes broad categories and definitions (based on De Witte et al., 2021). In addition, you can also add another category (e.g., artificial intelligence) or a specific application (e.g., your own smartphone app) to the text box, along with a brief, neutral definition. To obtain sufficiently specific responses, it is recommended that you also include the specific implementation setting or context in the text box ("Applied in the context of…"). This could include, for example, mental health care, social services, general hospitals, etc.

TABLE 2. CATEGORIES AND DEFINITIONS THAT MAY BE USED IN THE UTAUT2-SCREENER INSTRUCTIONS (ADAPTED FROM DE WITTE ET AL., 2021).

Digital mental health, which refers to the entire and diverse range of digital interventions (e.g., smartphone applications, online self-help, online consultations, etc.).
Smartphone applications, which refers to interventions that are offered mobile via the smartphone. These can exist in the form of self-help and in combination with support from a professional who (a)synchronously monitors progress and/or provides feedback.
Online consultations (conventional help, but online), which refers to professionals who offer their services and consultations online via synchronous or asynchronous media. Synchronous communication implies that the user and professional have real-time contact virtual contact via, for example, video calling or chat. In asynchronous communication, delayed exchange is expected, as is the case in e-mail conversations.
Computer interventions, which refers to interventions that are offered via a computer or laptop (e.g., online platforms or installed software. These can exist in the form of self-help and in combination with support from a professional who (a)synchronously monitors progress and/or provides feedback.
Virtual Reality (VR), which refers to the experience of an immersive computer-simulated three-dimensional environment or a 360° video through a headset.
Wearables, this term refers to sensors and devices that can be worn on the body and can collect physiological and behavioral data(e.g., heart rhythm, physical activity) in a non-invasive manner continuously throughout daily life, for example a smartwatch or activity tracker.
Social media, which refers to for example forums or social media platforms that can also lend themselves to the provision of methodologies for care and well-being and are primarily used for peer contact and activating the social network.

4. Scoring

Items 1 to 8 are scored on a scale of 1 to 7 with the following meaning:

1 Strongly disagree

2 Disagree

3 Somewhat disagree

4 Neither agree nor disagree

5 Somewhat agree

6 Agree

7 Strongly agree

The items each assess a different important determinant or potential barrier to technology use and can therefore be interpreted in isolation. In some cases, a particular scale may be less relevant to a specific application. For example, the ‘Habit’ scale may not be relevant when measuring a user’s acceptance of a VR treatment for fear of flying. In this case, one might choose not to administer this scale, although it is

important to bear in mind that removing or adding constructs to the model can affect the role of the other predictors (Blut et al., 2022).

In addition, items 1 to 7 can also be summed into a total score that provides insight into barriers and facilitators of technology use present in the current context. The higher this total score is, the fewer barriers a participant experiences and the greater the chance of successful implementation of the technology in question. The total score can range from 7 to 35. The remaining items are not included in the total score, but directly question behavioural intention (item 8) or are moderators of the relationship between the above determinants and intention to use.

References

Blut, M., Chong, A. Y. L., Tsigna, Z., & Venkatesh, V. (2022). Meta-Analysis of the Unified Theory of Acceptance and Use of Technology (UTAUT): Challenging its Validity and Charting a Research Agenda in the Red Ocean. *Journal of the Association for Information Systems, 23*(1), 13–95. https://doi.org/10.17705/1jais.00719

De Witte, N. A. J., Buelens, F., Grassini, S., & Van Daele, T. (2026). Acceptance of Digital Health and Well-Being: The Development of the UTAUT2-Screener. *Journal of Technology in Behavioral Science*. https://doi.org/10.1007/s41347-026-00683-7

De Witte, N. A. J., Joris, S., Van Assche, E., & Van Daele, T. (2021). Technological and Digital Interventions for Mental Health and Wellbeing: An Overview of Systematic Reviews. *Frontiers in Digital Health, 3*, 1–10. https://doi.org/10.3389/fdgth.2021.754337

De Witte, N. A. J., & Van Daele, T. (2017). Vlaamse UTAUT-vragenlijsten [Flemish UTAUT-questionnaires]. Antwerp. Retrieved from https://expertisetoegepastepsychologie.be/utaut/

Venkatesh, V., Morris, M. G., Davis, G. B., & Davis, F. D. (2003). User acceptance of information technology: Toward a unified view. *MIS Quarterly: Management Information Systems*, *27*(3), 425–478. https://doi.org/10.2307/30036540

Venkatesh, V., Thong, J. Y. L., & Xu, X. (2012). Consumer acceptance and use of information technology: Extending the unified theory of acceptance and use of technology. *MIS Quarterly: Management Information Systems*, *36*(1), 157–178. https://doi.org/10.2307/41410412

Attachment 1

UTAUT2-Screener

This questionnaire assesses attitudes towards and use of technology applications in health and well-being services. The questions below concern the following implementation of technology:

[You can add in this box which technology and setting is involved, see also manual or example: The entire and diverse range of digital interventions (e.g. smartphone applications, online self-help, online consultations, etc.)].

		Strongly disagree	Disagree	Somewhat disgree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
1	This technology would be useful and would help to accomplish things more quickly.	1	2	3	4	5	6	7
2	This technology would be easy to learn, to use and to become skillful at.	1	2	3	4	5	6	7
3	People who are important to me, influence my behavior, or whose opinions I value, think that I should use this technology.	1	2	3	4	5	6	7
4	I have the resources and knowledge or help from others to use this technology.	1	2	3	4	5	6	7

5	Using this technology is enjoyable or entertaining.	1	2	3	4	5	6	7
6	This technology is reasonably priced and a good value for money.	1	2	3	4	5	6	7
7	The use of this technology has become a habit for me.	1	2	3	4	5	6	7
8	When indicated, I intend to use the technology in the future or plan to continue using it frequently.	1	2	3	4	5	6	7

9. I have experience with using this technology in this context.

- □ No
- □ Limited
- □ More than limited

10. I am ☐ years old

11. How do you identify? I see myself as a …

- □ Man
- □ Woman
- □ Other, that is: ☐
- □ Prefer not to say

CONTACT

Nele De Witte | Researcher
nele.dw@thomasmore.be

FOLLOW US

www.thomasmore.be
www.digitalmentalhealth.be

THOMAS MORE