The following is the list of questions for the eConsent Evaluation Survey:

1. HOW (CONTEXT) – I was just asked to make a consent decision about whether my health information can be accessed by my health care providers through a:

Health Information Exchange Electronic Health Record HIPAA I am not sure

1. WHAT – My tests results may be accessed through HEALTHeLINK:

True False I am not sure

1. WHAT – Some sensitive health information like substance use information may be accessed through HEALTHeLINK:

True False I am not sure

1. WHO – If I give consent, health care providers involved in my care can access my health information through HEALTHeLINK:

True False I am not sure

1. WHO – If I do not make a consent decision, in an emergency situation, health care providers involved in my care will be able to access my health information through HEALTHeLINK:

True False I am not sure

1. HOW (SECURITY/PROTECTION) – There are penalties for persons and organizations who improperly access or use my health information through HEALTHeLINK:

True False I am not sure

1. The information I just viewed was easy to understand:

Completely Disagree Partially Disagree Neutral Partially Agree Completely Agree

1. The information I received today helped me make my decision about the consent options:

Completely Disagree Partially Disagree Neutral Partially Agree Completely Agree

1. The tablet device was easy to use:

Completely Disagree Partially Disagree Neutral Partially Agree Completely Agree

1. The time it took me to view the information and make my consent decision was:

Completely Too Long A Little Too Long Just Right A Little Too Short Completely Too Short