

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
2. WHAT – My tests results may be accessed through HEALTHeLINK:  
True    False    I am not sure
3. WHAT – Some sensitive health information like substance use information may be accessed through HEALTHeLINK:  
True    False    I am not sure
4. 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
5. 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
6. 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
7. The information I just viewed was easy to understand:  
Completely Disagree    Partially Disagree    Neutral    Partially Agree    Completely Agree
8. The information I received today helped me make my decision about the consent options:  
Completely Disagree    Partially Disagree    Neutral    Partially Agree    Completely Agree
9. The tablet device was easy to use:  
Completely Disagree    Partially Disagree    Neutral    Partially Agree    Completely Agree
10. 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