mHealth Privacy and Security Consumer Research

Question 1 Visual Guide

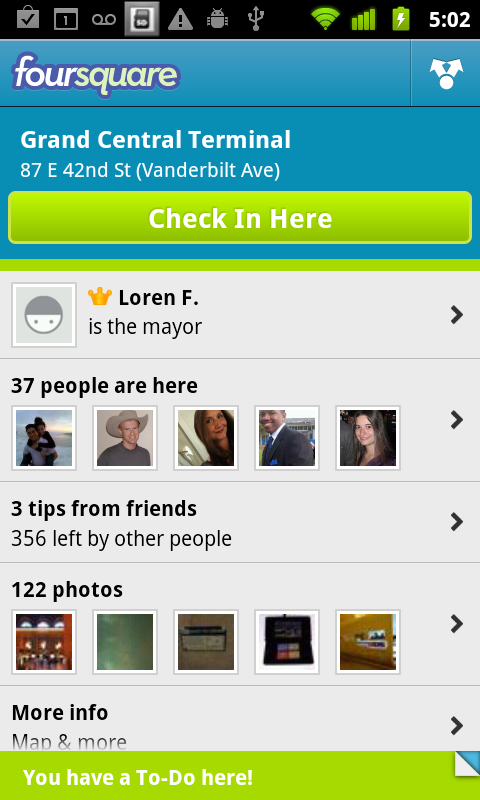
The following will be shown on a flip chart:

|  |  |  |
| --- | --- | --- |
| **Internet** | **Cell Phones** | **Smart Phone /**  **iPad type device** |
|  |  |  |

**Visual of YELP:**



**Visual of Four Square**



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Question 2a Visual Guide

The following will be shown on a flip chart:

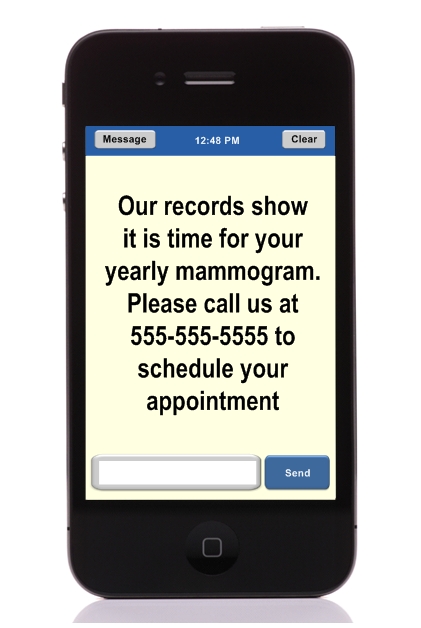
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [*Moderator writes*  *What you do online #1*] | | [*Moderators writes*  *What you do online #2*] | | [*Moderator writes*  *What you do online #3*] | |
| Very convenient |  | Very convenient |  | Very convenient |  |
| Convenient |  | Convenient |  | Convenient |  |
| Somewhat convenient |  | Somewhat convenient |  | Somewhat convenient |  |
| Not convenient |  | Not convenient |  | Not convenient |  |

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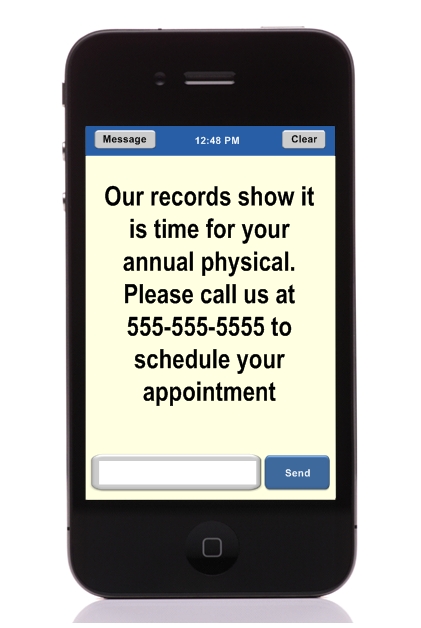
Question 6 Visual Guide

The following visuals will be shown via a power point presentation:

Mammogram screening reminder



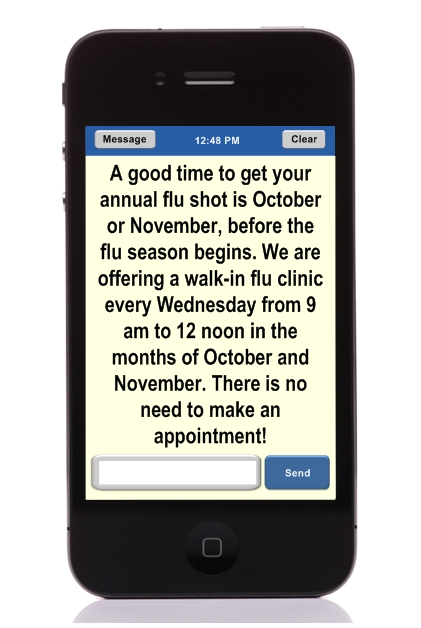
Annual Physical reminder



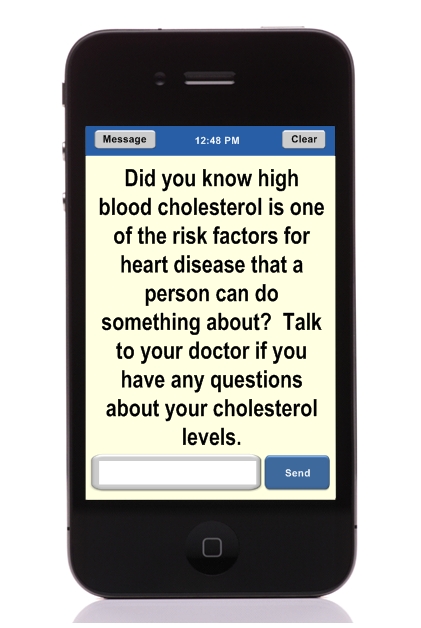
Dental visit reminder



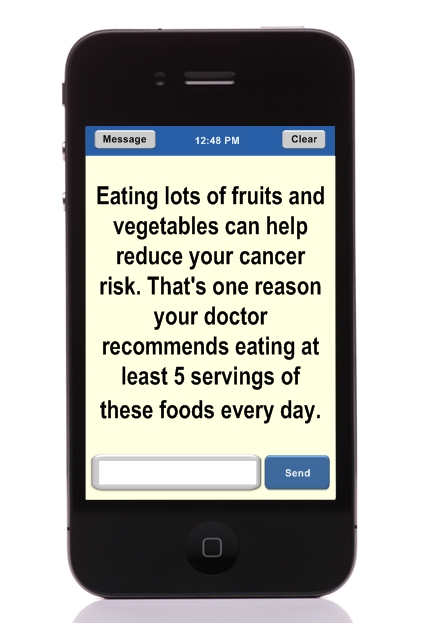
Flu shot reminder



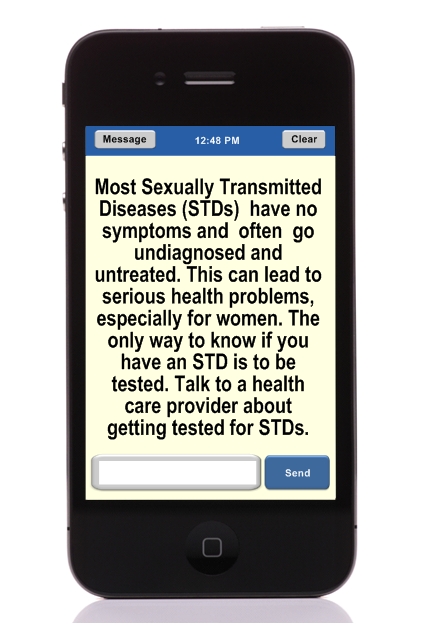
Lower your cholesterol reminder



Eating fruits and vegetables



STD testing text message



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Question 7 Visual Guide

The following will be shown on a flip chart:

|  |  |  |
| --- | --- | --- |
| **Types of personal health information you are not comfortable exchanging through mobile devices** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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Question 8 Visual Guide

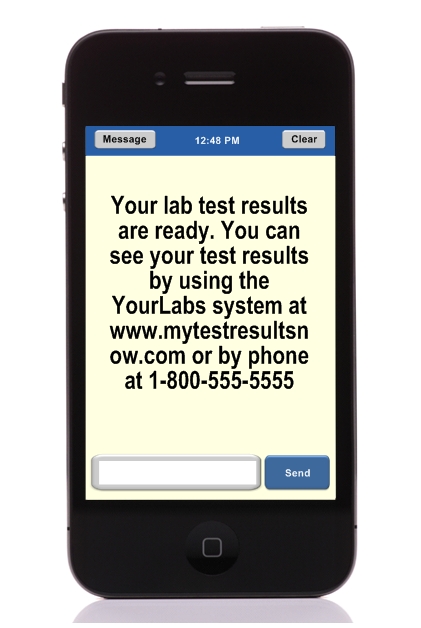
The following will be shown on a flip chart:

|  |  |  |
| --- | --- | --- |
| **Types of personal health information your provider might send to you or you might send to him/her through mobile communication** | | |
| **Type of information** | **Thoughts** | **Preference of device v. phone** |
| Lab test results (see visual on next page) |  |  |
| Information about yourself you collect at home: weight |  |  |
| Information about yourself you collect at home: diet |  |  |
| Information about yourself you collect at home: glucose levels |  |  |
| Information about yourself you collect at home: blood pressure results |  |  |
| Medication/refill reminders of information |  |  |
| Images (for example, ending your provider a picture of an ankle injury or your provider sending you an image of a health condition) |  |  |
| Diagnostic information such as blood sugar readings that go directly from your glucometer to your provider’s office |  |  |
| Information from your electronic health record |  |  |

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Question 8 Visual Guide

Lab test results



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Question 12a and 12b Visual Guide

The following will be shown on a flip chart:

|  |  |
| --- | --- |
| **Communication** | **Type of privacy protections that would be adequate for you to use your mobile device to communicate with your provider** |
| Blood test results |  |
| Diagnoses |  |
| Medication taking |  |
| Blood pressure monitoring |  |
| Monitoring the amount of movement and exercise you get for 24 hours |  |