Multimedia Appendix

Table A. Operationalization of Constructs (source HINTS 2014)

Construct Items	Ouestion Ouestion	Scale	Coding
Intention to Share	How interested are you in exchanging the following		
PHI electronically	with a health care provider electronically?	types of medical	
[Dependent Var.]			
INT1	Lab/test results		
INT2	Diagnostic information (e.g., medical illnesses or diseases)		
INT3	Vital signs (e.g., heart rate, blood pressure, glucose levels, etc.)	1 to 4 (Very-Not at	1 to 4 (Not at all-
INT4	Lifestyle behaviors (e.g., physical activity, food intake, sleep patterns, etc.)	all)	Very) REVERSE CODED
INT5	Symptoms (e.g., nausea, pain, dizziness, etc.)		
INT6	Digital images/video (e.g., photos of skin lesions)		
Patient-Physician Relationship	The following questions are about your communica other health professionals you saw during the past do each of the following:		
PPR1	Give you the chance to ask all the health-related questions you had?		
PPR2	Give the attention you needed to your feelings and emotions?		
PPR3	Involve you in decisions about your health care as much as you wanted?	1 to 4	1 to 4 (Never-
PPR4	Make sure you understood the things you needed to do to take care of your health?	(Always- Never)	Always) REVERSE CODED
PPR5	Explain things in a way you could understand?		
PPR6	Spend enough time with you?		
PPR7	Help you deal with feelings of uncertainty about		
	your health or health care?		
Health Motivation	How much do you think health behaviors like diet, exercise, and smoking determine whether or not a person will develop each of the following conditions?		
HM1	Diabetes/High blood sugar	1 to 4	1 to 4
HM2	Obesity	(A lot-Not at	(Not at all-A
HM3	Heart disease	all)	lot)
HM4	High Blood Pressure/Hypertension	,	REVERSE CODED
Issue Involvement			
II1	[FreqGoProvider] In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself?	0-6	0-6
II2	[# of chronic diseases] Diabetes or high blood sugar? High blood pressure or hypertension? A heart condition such as heart attack, angina, or congestive heart failure? Chronic lung disease, asthma, emphysema, or chronic bronchitis?	Yes or No	Sum of all yeses

Arthritis or rheumatism? Depression or anxiety disorder?

II3	[Health Status] In general, would you say your health is	1 to 5 (Excellent – Poor)	1 to 5 (Excellent – Poor)
Privacy Concern			
PC1	How confident are you that safe guards (including the use of technology) are in place to protect your medical records from being seen by people who aren't permitted to see them?	1 to 3 (Very confident- Not confident)	1 to 3 (Very confident- Not confident)
	Having safeguards (including the use of technology) in place has to do with the security of your medical records.		
PC2	How confident are you that you have some say in who is allowed to collect, use, and share your medical information?		
	Having a say in who can collect, use, and share your medical information has to do with the privacy of your records.		
Trust in Providers			
TR1	In the past 12 months, how often did you feel you could rely on your doctors, nurses, or other health care professionals to take care of your health care needs?	1 to 4 (Always- Never)	REVERSE CODED