

Appendix 5 Internet data extraction form

		Reviewer response (not more than 1 sentence)
1.	URL	
2.	Type of website	<input type="checkbox"/> Business
		<input type="checkbox"/> Healthcare
		<input type="checkbox"/> Other: _____
5.	Name of the organization	
6.	Name of the tool	
7.	Tool developer	
8.	Terminology for the platform	
9.	Linked to health record?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Unclear
12.	Payment/compensation for healthcare providers?	<input type="checkbox"/> Yes
		<input type="checkbox"/> If yes, please specify: _____
		<input type="checkbox"/> No
		<input type="checkbox"/> Unclear
16.	Target population	
17.	Does this tool engage patients and/or caregivers?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Unclear
20.	What type of provider is intended to use this tool with the patient?	<input type="checkbox"/> Doctor
		<input type="checkbox"/> Nurse
		<input type="checkbox"/> Other: _____
23.	What form of communication does the tool work by?	<input type="checkbox"/> Synchronous communication
		<input type="checkbox"/> Asynchronous communication (end-users do not have to use the tool in real-time)
		<input type="checkbox"/> Other: _____
26.	If asynchronous communication, is it time-limited?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Unclear
29.	Does the tool allow for team-based	<input type="checkbox"/> Yes

	communication (more than a single health care provider can communicate)?	<input type="checkbox"/> No
		<input type="checkbox"/> Unclear
32.	Does this tool allow the patient to communicate with their own healthcare provider?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Unclear
35.	Can patients self-register to use the tool?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No (prior verification is required)
		<input type="checkbox"/> Unclear
38.	Has the tool been identified through the published literature?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
40.	Country of origin:	
41.	Year last updated:	