Appendix 1. Summary of included studies.

First author,	Country	Number of	Charact	teristics of adolescents		Perceptions	Evidence (key findings)	Ever use	Associated
year		participant				about health-		Internet	factors
		S				related		for health	
						Internet use		(>50%)	
						(HRIU)			
			Age	Demographics	Medical				
			(years		conditions				
			or						
			grader						
			s)						
Manganello	United	48	14-17	Mostly female (70%),	None	Negative	• 65% low health literacy group	-	Health
et al, 2016	States		years	7th-9th grade (30%) and			(compared with 35% having		literacy level
[1]				10-12th grade (70%),			adequate health literacy group)		
				African American			Low health literacy group		
				adolescents living in an			reported greater problems with		
				urban location			understanding information they		
							found on the Internet, requiring		
							assistance (33% low vs 8% high)		
							and more likely to rate health		
							information online as accurate		
							(28% low vs 14% high),		
							suggesting there may be a lack of		
							skills for evaluating credibility		
							Associated factor: youth with		
							low health literacy less likely to		

							prefer general Internet use and more likely to need help understating health information obtained on their own		
Johnson et al, 2015 [2]	United States	134	14-19 years	Mostly female (83,6%), Caucasian (81.3%), living with two parents in an urban location	Juvenile arthritis	Positive	 Youth with low psychosocial quality of life (PSQL) report more frequent use of SNSs than their peers with high PSQL; more frequent searching for information about sensitive health topics; and high interest in using additional online tools to address unmet needs and to connect with other teens with juvenile arthritis 74.5% prefer online support group than in-person support groups 91% interested in using a website that is just for teens with arthritis 	Yes	PSQL
Wetterlin et al, 2014 [3]	Canada	521	17-24 years	Mostly female (76.6%), East or Southeast Asian (44%) or European or Caucasian (35.5%), living in British Columbia	None	Positive	Likelihood of visiting Web- based mental health resources during a difficult time in life: 82.9% information-based website with mainly text, 76.8% social media websites	-	-

Fergie et al, 2013 [4]	United Kingdom	34	14-18 years	(86%) and currently in school (87.3%) Mostly female (70.6%), school pupils or university students, living	None	Not applicable (N/A)	•	Likelihood of contacting a human within a Web-based mental health resource: 83.9% online professional (eg, therapist or coach) Perceived disadvantages and advantages of health content online are identified		
Henderson et al, 2013 [5]	Kingdom	105	11-18 years	in an urban area Male (58%) and female (42%), most had experienced some form of pain in the last 3 months (80%), living in an urban area		(qualitative) Negative	•	13.3%=HRIU related to pain management Although majority (82%) indicate between 1 to 4 hours/day of Internet use, seeking information online about their pain coping, information, and management is not primary strategy of a healthy adolescent population in pain	No	Gender
Nordfeldt et al, 2013 [6	Sweden	24	10-17 years	Male (54%) and female (46%), living in catchment area of a county hospital in the South-East of Sweden, either in compulsory or	Type 1 diabetes mellitus	N/A (qualitative)	•	Primary source for information is parents or significant others	-	-

				secondary school, all had						
				Internet access at home						
Neumark et	Israel	6728	7th-	Male (48.9%) and female	None	Neutral	•	52.1% reported having sought	Yes	Age,
al, 2013 [7]			12th	(51.1%), Jewish (71.8%)				online health information in the		frequency of
			grades	and Arab (28.2%)				past year		Internet use,
				students			•	Trust in online health		level of trust,
								information: high 15%, moderate		Internet skills,
								68.2%, low 16.8%		medical
							•	Perceived Internet skill levels:		condition,
								high 37%, moderate 36.9%, low		school
								26.1%		performance
							•	Likelihood of HRIU: Arab		
								students (63%), Jews (48%)		
							•	Reasons for not seeking online		
								health information: preference to		
								receive information from a		
								health professional, lack of		
								interest, lack of trust, insufficient		
								English proficiency, lack of time		
								and privacy, limited access,		
								expense, insufficient Internet		
								skills		
Stephens et	United	15	10-16	Majority use social	Undergoing	Negative	•	8%=use Internet for orthodontic-	No	-
al, 2013 [8]	Kingdom	(interview)	years	networking sites (SNSs)	orthodontic			related information		
		+ 50		(76%)	treatment		•	Preferred source of information:		
		(survey)						health care providers (84%),		

							peers (66%), parents (60%), leaflets (64%), Internet (8%)
Gaskin et al, 2012 [9]	United States	79	13-18 years	Mostly male (84%), Hispanic (70%), youth detained in a juvenile detention facility, predominantly underserved, minority communities, high level of access to Internet	None	Positive	90% believe access to health information on website is useful 85% have no concerns about the privacy of their health information online on password-protected sites
Magee et al, 2012 [10]	United States	32	16-24 years	Male (53%), female (37.5%), and transgender (9.4%); African American (40.6%), Hispanic or Latino (25%), Caucasian (21.8%), Asian (3%), and multiracial (9%); lesbian, gay, bisexual, and transgender youth	None	Psitive	 75% online searches for sexual health information as common activity Overall, seek facts and statistics about sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) online (>70%) but few on the broader aspects of sexual health (<25%)
Ghaddar et al, 2012 [11]	United States	261	14-20 years	Mostly female (60%), Hispanic (84%), high school students; economically disadvantaged (58%)	None	Positive	 81% had checked health information online 71% very likely to search the Internet for information on health

							•	59% sought health information for family's health online		
Selkie et al, 2011 [12]	United States	29	14-19 years	Mostly female (65.5%); heterosexual (61%); sexual experience (58.6%)	None	qualitative)	•	Common themes to the resources for sexual health information online are identified: accessibility, trustworthiness, andconfidentiality, and personal comfort	-	-
Barman-Adhi kari et al, 2011 [13]	United States	169	13-24 years	Mostly male (68.2%), heterosexual (68.9%), gay or lesbian or bisexual (31.1%); African American (31%), Caucasian (26.9%), mixed race (18.5%), Hispanic or Latino (12.6%), and other (10.8%); runaway and homeless adolescents in an urban area	None		•	61% use Internet to find answers to general health questions <50% look for information about HIV or other STIs and 40% information about sex or sexuality	Yes	Gender, race or ethnicity, frequency of Internet use; personal access to computers

Mustanski et	United	329	18-24	All male born, male	None	N/A	•	88% used the Internet to find	Yes	Race or
al, 2011 [14]	States	(includin	years	identified, Caucasian				HIV or STI-related information		ethnicity and
		g 16		(48%), African American						gender
		interview		(20%), Hispanic or						
		ees)		Latino (20%), other						
				(12%); men who have sex						
				with men identified as						
				gay (49%), bisexual						
				(8%), queer (3%),						
				heterosexual (39%)						
Rushing et	United	405	13-21	Male (43%) and female	None	N/A	•	76% used the Internet to get	Yes	Gender and
al, 2011 [15]	States		years	(57%), American Indian,				information on a health topic		age
				American Native youth						
				living in rural (58%) and						
				urban (39%) communities						
Buhi et al,	United	34	18-19	Mostly female (67.6%),	None	Positive	•	65% Internet is the predominant	Yes	-
2009 [16]	States		years	1st year under graduate				source for seeking health-related		
				students, Caucasian,				information		
				reported as experienced			•	73.5% ever look online for		
				Internet users				information on specific diseases		
								or medical problems, treatment,		
								or procedures		
Tercyak et	United	332	11-12	Mostly female (70%),	None	Neutral	•	Moderate level of willingness to	=	-
al, 2009 [17]	States		years	African American (44%)				engage in electronic health		
				or Caucasian (39%),				(eHealth) promotion		

				living in predominantly middle class income areas			<20% are unwilling to engage in any eHealth promotion activity
Ybarra et al, 2008 [18]	Uganda	500	12-18 years	Mostly male (61%), secondary school students (8th-11th grade) living in rural locations	None	Negative-	Source of health information: parents or other adults (81%) and the Internet (38%)
Nwagwu, 2007 [19]	Nigeria	1145	13-19 years	All female, currently in school or dropped out of school, living in an urban area ^a	None	N/A	 Main source of health information in in-school girls: parents (66.2%) and teachers (56.2%) Main source of health information in out-of-school girls: friends (63.1%) and the Internet (55.2%) More out-of-school than in-school girls use the Internet to obtain information about their reproductive health

Abbreviation: AA, African American; DM, diabetes mellitus; HIV, human immunodeficiency virus; HS, high school; LGBT, lesbian, gay, bisexual, and transgender; MSM, men who have sex with men; PS-QL, psychosocial quality of life; SNS, social networking sites; STI, sexually-transmitted infection; UG, undergraduate; UK, United Kingdom; USA, United States of America; yrs, years.

^a The study states that participants were both educated and affluent.

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