GPOC Survey Structure

The composition of the *GPOC Global Survey* contained 38 questions (Arabic numerals), segmented into a dozen blocks (Roman numerals), encompassing:

I) *General Demographics*; (1) assembled information on which state or organisation the individual represented. II) *Correctness & Privacy*, collected info on whether the responder; (2) had seen their PHRs, (3) incorrect information had been observed, (4) the experiences of having access to the PHRs (with four sub-segments), (5) there had been any need for commenting or clarifications of their PHRs, and (6) the wish to know if someone had illegally used their PHRs and the identity of this person. III) *Company Usage of PHRs*, investigated the opinions on (7) tech giants use of the PHRs, (8) companies' usage with or without informing or reimbursing the patient. IV) *Medical Research on PHRs*, measured the attitudes to *consent* for medical research, specified as (9) clinical, (10) pharmaceutical and (11) public health; the attitudes to *anonymity* in medical research, specified as (12) clinical, (13) pharmaceutical and (14) public health; and the attitudes to *getting paid* for medical research, specified as (15) clinical, (16) pharmaceutical and (17) public health. V) *Non-Medical Research on PHRs*, investigated the willingness to allow non-medical research, if they (18) consented, (19) were anonymous, and (20) got paid. VI) *Co-Ownership*, here the patient co-ownership concept was researched; if they deemed it to be a *human right to co-own* their records (21) with their healthcare provider, (22) with the government, (23) to gain insights, (24) to share it globally with whomever they deemed relevant. VII) *Data Sharing of the PHRs*, investigated (25) with whom the participants would like to share their PHRs with, if they were forced to prioritise one category out of six, and whether (26) they believed everyone should share their PHRs for free for humanity. VIII) *Movement of the PHRs*, investigated if they believed that (27) PHRs should accompany/follow the patients as a co-owned asset globally, if they moved voluntarily or were displaced as

refugees. IX) *Centralised Ownership*, asked if they liked the idea of (28) states owning the PHRs centrally. X) *Rights*, asked if (29) states could sell the PHRs to whomever they liked, or (30) only if it generated healthcare investments to the citizens. XI) *Creation of a Foundation*, posed six questions related to the creation of a GPOC Foundation, disposed with the following; (31) if a global, non-commercial, large and secure cloud, where they could co-own their medical record would be an interesting concept, (32) it ought to be possible to globally balance the legal rights and regulations about medical records and find a common ground, and that this would benefit health in general, (33) if they personally would benefit from global access and co-ownership and control of my medical records, (34) if a neutral unbiased, decentralised foundation, co-owned by them as patients, designed to help regulate the flow of their medical information, was something that would be of interest to them, (35) if an infrastructure based on sound scientific and econometric models, with the involvement of patients, governments and institutions from all countries would be worthwhile, and (36) if an infrastructure designed by global academics supported by research institutions with the involvement of patients, government and companies, could be founded. XII) *Protection of the Environment*, investigated whether they deemed (37) an electronic PHR to be more environmentally sustainable, and (38) if a global patient co-owned cloud can be more ecologically advantageous and environmentally sustainable.