

Additional file 1: Assessment of variables

Variable	Assessment in Questionnaire	Categories of Evaluation
General Internet use	Do you use the Internet, at least now and again (for any reason whatsoever)?	Yes No
HISB on the Internet	Do you use the Internet to search for information on medical or health issues?	Yes No
Reasons for HISB on the Internet	For which purposes do you search for health information on the Internet?	<ul style="list-style-type: none"> • I am sick (information on illness and treatment options) • Another person is sick (information on illness and treatment options) • Look up symptoms • Alternative treatments • Health-related topic discussed in the media • Second medical opinion • Information about health insurance • Others
Use of other sources for health information (Internet excluded)	Do you use other sources to search for information on medical or health issues?	Yes No
Sources for health information (Internet excluded)	Which other sources do you use?	<ul style="list-style-type: none"> • Physician • Pharmacy • Health insurance company • Family/friends • Magazines • Professional literature • Television • Others
Age (calculated)	In which year and month are you born?	18-29 years 30-44 years 45-59 years 60 years and over
Gender	Please state your gender	male female
Parents' country of birth	Is one of your parents, mother or father, not born in Germany?	Yes, my ... No
Country of birth	Are you born in Germany?	Yes No
Employment status	Are you currently employed? If so, to which extent of working hours?	<ul style="list-style-type: none"> • No • Full-time (35 hours/week and more) • Part-time (under 35 hours/week)
Parenthood	How many people under the age of 15 are living in your household permanently?	0 1-2 3 or more
Marital status	What is your marital status?	Married Divorced Widowed Single
Partnership status	Do you have a life partner?	Yes No
Town size (calculated)	Where do you live (town)?	
Self-perceived health	How would you describe your health status in general?	Very good Good Moderate Poor Very poor
Chronic disease(s)	Do you suffer from one or several chronic diseases? (Annotation: They are long-term illnesses that require permanent medical care and control)	Yes No
Health insurance status	Do you have a statutory or private health insurance?	Private Statutory No insurance

Physician visits	Did you visit a resident physician as a patient (except for dentists) in the last 3 months?	No Yes, once Yes, several times
Hospital nights	How many nights did you spend in a hospital as a patient in the last 12 months?	0 nights 1-7 nights 8 nights or more
Aggregated variables	<ul style="list-style-type: none"> • <i>Migration background</i>: country of birth & parents' country of birth • <i>Use of health care services</i>: physician visits & hospital nights • <i>Relationship status</i>: marital status & partnership status • <i>Social class</i>: educational attainment (graduation, training) & household income & occupational position 	