Supporting Information

Supplementary methods and results

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

1. Supplementary methods

The Life in Australia panel includes about 10,000 Australian adult residents (1, 2). It is owned and managed by the Social Research Centre, part of the Australian National University. The aim of the Life in Australia panel is to provide Australian researchers, policy makers, academics, and businesses with access to methodologically rigorous samples of Australian resident adults. Participants were initially randomly recruited in August to September 2016 by landline or mobile phone call, and received a small financial incentive for joining the panel. Participants also receive a financial incentive for completing each subsequent survey. The panel uses probability-based sampling methods to include people with and without internet access; participants can complete surveys online or by phone. The Life in Australia panel is the only probability-based online survey panel in Australia (3). Probability-based panels are considered to yield more accurate survey research results than non-probability-based panels (4). Comparative analyses indicate that the demographic characteristics of the Life in Australia survey more accurately reflect the Australian population than those of four non-probability online panels, and its accuracy in doing so was comparable with that of telephone interviewing (3). During 3-16 June 2024, Life in Australia undertook a survey that included the three ChatGPT questions relevant to our study (Table 1) and a health literacy screening question.

The invitation to take part (email or SMS) did not specifically describe the study reported in our article, as the three relevant questions and health literacy screening question were components of an 8-minute survey that covered various topics, such as personal wellbeing, health, personal relationships, safety, community connectedness, the natural environment and government. People who followed the link were informed about our research project and were asked to provide consent to participation. They then received up to three reminders to complete the survey. Participants were required to complete the three ChatGPT questions and the health literacy screening question and could not review their answers at the end of the survey. Survey responses were anonymised prior to being made available to the research team.

The survey was not pre-tested, but the three ChatGPT survey items were based on co-designed items from another ChatGPT project that is currently underway (5). Items were developed with guidance from Life in Australia to ensure their suitability for their panel surveys. The order of response options for each question was randomised (normal or reverse order).

Table 1. ChatGPT survey items

Survey item	Response options
Q1. In the last 6 months how often have you used ChatGPT to answer questions about health?	• Not at all • A few times • Once a month • Once a week • More than once a week • Never heard of ChatGPT • Don't know • Prefer not to say
Q2. *Participants who answered Q1 with 'a few times', 'once a month', 'once a week', or 'more than once a week':* In the last 6 months have you used ChatGPT to… *All other participants:* In the next 6 months would you consider using ChatGPT to...	• *Find out what my symptoms mean (or the symptoms of someone I know) • *Find out what to do about a specific health issue that I or someone I know has • Learn about a specific health condition • Learn about healthy lifestyles • Help create a plan to improve my health (or the health of someone I know) • Learn more about a medicine, test or treatment (e.g. safety, side effects or interactions) • *Find out if I or someone I know should see a doctor • Understand medical terms • *Interpret results from blood tests or imaging • Other • Not sure • Prefer not to say

Survey item	Response options
Q3. How much do you trust what ChatGPT says?	• Entirely • Quite a bit • Somewhat • A little bit • Not at all • Not sure • Prefer not to say

* Categorised as higher risk health questions.

Self-reported use of ChatGPT for health-related questions

Participants were categorised as using ChatGPT for health-related questions if they positively responded to Q1 and indicated that they had undertaken at least one health task in Q2. Participants who only selected the 'Other' category for Q2 were not considered to have used ChatGPT for health-related questions, as in a subsample of respondents (119 responses), only one instance of 'other' was related to health-related tasks. Participants who selected 'Don't know' or 'Never heard of ChatGPT' were categorised as people who did not know what ChatGPT was. No respondents reported that they 'Preferred not to say' with regard to ChatGPT use. The remaining participants were categorised as people who were aware of ChatGPT but were not using it for health-related purposes.

ChatGPT health-related questions (Q2) were categorised as 'lower' risk if related to general health information (e.g., what a medical term means) and 'higher' risk if related to personalised advice or specific actions that would typically require advice from a clinician or health service (e.g., what treatment should the person use). There is no consensus about what kinds of health questions are more or less risky for community members to ask ChatGPT or other generative AI tools; the risk criteria are likely to change as the technologies advance.

Demographic items

Demographic items available as panel variables and included age, gender, regionality of residence (Greater Capital City Statistical Areas or other), residential postcode-based social standing (Index of Socio-economic Advantage and Disadvantage)(6), highest level of education, Indigenous status, language spoken at home (English, other), and country of birth (Australia, mainly English-speaking countries other than Australia [Canada, Ireland, New Zealand, South Africa, United Kingdom, United States of America], non-English-speaking countries). Further detail is available in the panel protocols (2).

A validated single-item health literacy screening question (7) was included in the Life in Australia survey to categorise participants as having low or high health literacy: "If you need to go to the doctor, clinic or hospital, how confident are you filling out medical forms by yourself?" Response options were extremely, quite a bit, somewhat, a little bit, or not at all. Participants responding 'somewhat', 'a little bit', or 'not at all' were considered to have limited or marginal health literacy. This self-report measure of health literacy is widely used in health literacy research, including in Australia (8) and overseas (9).

Statistical analysis

Scores were weighted to Australian population benchmarks using propensity scores. Benchmarks were weighted according to the National Health Survey 2020–21 data (number of adults in household) (10) and the 2021 census (11-13), updated with the Australian Bureau of Statistics estimated residential population for July 2022 (14) (age, highest educational attainment, gender, language spoken at home, regionality of residence, state/territory). Further detail about the weighting processes is available in the panel protocols (2).

Data were analysed in SPSS 26. The SPSS *complex samples* function was used to obtain weighted estimates and confidence intervals. Differences in outcomes by demographic variable were assessed using simple logistic regression. For these analyses data were not included if they were missing, not stated, and if the expected count for a cell was less than 5. $P<0.05$ was deemed statistically significant. Unless otherwise stated, descriptive and statistical reporting of results refers to the unweighted analysis.

Table 2. Unweighted and weighted frequencies of participant characteristics*

Characteristic	Unweighted				Weighted			
	All participants	Asked ChatGPT health-related questions in the past six months	Had not asked ChatGPT health-related questions in the past six months	Had not heard of ChatGPT	Sample	Asked ChatGPT health-related questions in the past six months	Had not asked ChatGPT health-related questions in the past six months	Had not heard of ChatGPT
Total	**2034**	**187**	**1523**	**324**	**2034**	**200.7/2034 (9.9%)**	**1522.4/2034 (74.8%)**	**310.8/2034 (15.3%)**
Age group (years)								
18–24	182	37	138	7	230.8/2034 (11.3%)	48.8/200.7 (24.3%)	175.2/1522.4 (11.5%)	6.9/310.8 (2.2%)
25–34	365	49	287	29	380.37/2034 (18.7%)	52.8/200.7 (26.3%)	297.5/1522.4 (19.5%)	30.0/310.8 (9.6%)
35–44	362	42	289	31	362.1/2034 (17.8%)	46.6/200.7 (23.2%)	283.3/1522.4 (18.6%)	32.2/310.8 (10.4%)
45–54	357	31	277	49	320.9/2034 (15.8%)	27.2/200.7 (13.6%)	247.0/1522.4 (16.2%)	46.7/310.8 (15.0%)
55–64	324	19	235	70	296.1/2034 (14.6%)	17.6/200.7 (8.7%)	217.2/1522.4 (14.3%)	61.3/310.8 (19.7%)
65+	444	9	297	138	443.8/2034 (21.8%)	7.7/200.7 (3.9%)	302.3/1522.4 (19.9%)	133.8/310.8 (43.0%)
Gender								
Man/male	958	100	743	115	1018.8/2034 (50.1%)	105.7/200.7 (52.7%)	786.9/1522.4 (51.7%)	126.2/310.8 (40.6%)
Woman/female	1052	84	759	209	984.6/2034 (48.4%)	88.1/200.7 (43.9%)	711.9/1522.4 (46.8%)	184.6/310.8 (59.4%)
Non-binary /Prefer different term	23	3	20	0	29.8/2034 (1.5%)	6.9/200.7 (3.4%)	22.9/1522.4 (1.5%)	0/310.8
Refused	1	0	1	0	0.7/2034 (<0.1%)	0/200.7	0.7/1522.4 (<0.1%)	0/310.8
Residential location								
Capital city	1392	146	1064	182	1360.4/2034 (66.9%)	157.2/200.7 (78.3%)	1041.3/1522.4 (68.4%)	161.9/310.8 (52.1%)
Elsewhere	635	40	454	141	666.1/2034 (32.7%)	42.1/200.7 (21.0%)	476.0/1522.4 (31.3%)	148.0/310.8 (47.6%)
Missing data	7	1	5	1	7.5/2034 (0.4%)	1.5/200.7 (0.7%)	5.1/1522.4 (0.3%)	0.9/310.8 (0.3%)

Characteristic	Unweighted				Weighted			
	All participants	Asked ChatGPT health-related questions in the past six months	Had not asked ChatGPT health-related questions in the past six months	Had not heard of ChatGPT	Sample	Asked ChatGPT health-related questions in the past six months	Had not asked ChatGPT health-related questions in the past six months	Had not heard of ChatGPT
Residential postcode social disadvantage (IRSAD), quintile								
1 (most disadvantage)	308	27	212	69	308.2/2034 (15.2%)	29.2/200.7 (14.6%)	212.4/1522.4 (14.0%)	66.5/310.8 (21.4%)
2	380	29	274	77	389.6/2034 (19.2%)	32.4/200.7 (16.2%)	283.0/1522.4 (18.6%)	74.2/310.8 (23.9%)
3	453	42	345	66	466.0/2034 (22.9%)	47.8/200.7 (23.8%)	354.2/1522.4 (23.3%)	64.0/310.8 (20.6%)
4	449	46	340	63	444.0/2034 (21.8%)	46.8/200.7 (23.3%)	336.2/1522.4 (22.1%)	61.0/310.8 (19.6%)
5 (least disadvantage)	437	42	347	48	418.7/2034 (20.6%)	42.9/200.7 (21.4%)	331.6/1522.4 (21.8%)	44.3/310.8 (14.2%)
Missing data	7	1	5	1	7.5/2034 (0.4%)	1.5/200.7 (0.7%)	5.1/1522.4 (0.3%)	0.9/310.8 (0.3%)
Education								
Year 12 or less	505	41	351	113	480.8/2034 (23.6%)	39.7/200.7 (19.8%)	335.4/1522.4 (22.0%)	105.7/310.8 (33.9%)
Trade certificate (I–IV)	523	40	370	113	511.1/2034 (25.1%)	37.8/200.7 (18.8%)	360.0/1522.4 (23.6%)	113.3/310.8 (36.4%)
Advanced diploma/diploma	367	32	286	49	358.6/2034 (17.6%)	31.6/200.7 (15.8%)	282.6/1522.4 (18.6%)	44.4/310.8 (14.3%)
Bachelor degree	327	43	258	26	368.4/2034 (18.1%)	56.0/200.7 (27.9%)	287.6/1522.4 (18.9%)	24.8/310.8 (8.0%)
Postgraduate degree	294	29	249	16	290.6/2034 (14.3%)	31.0/200.7 (15.5%)	242.0/1522.4 (15.9%)	17.7/310.8 (5.7%)
Missing data	18	2	9	7	24.4/2034 (1.2%)	4.6/200.7 (2.3%)	14.8/1522.4 (1.0%)	5.0/310.8 (1.6%)
Country of birth								
Australian-born	1439	119	1083	237	1423.7/2034 (70.0%)	124.8/200.7 (62.2%)	1068.5/1522.4 (70.2%)	230.5/310.8 (74.2%)
Mainly English-speaking country	230	14	175	41	233.5/2034 (11.5%)	17.3/200.7 (8.6%)	175.1/1522.4 (11.5%)	41.0/310.8 (13.2%)
Other	363	54	263	46	374.8/2034 (18.4%)	58.6/200.7 (29.2%)	276.8/1522.4 (18.2%)	39.3/310.8 (12.6%)

	Unweighted				Weighted			
Characteristic	**All participants**	**Asked ChatGPT health-related questions in the past six months**	**Had not asked ChatGPT health-related questions in the past six months**	**Had not heard of ChatGPT**	**Sample**	**Asked ChatGPT health-related questions in the past six months**	**Had not asked ChatGPT health-related questions in the past six months**	**Had not heard of ChatGPT**
Missing data	2	0	2	0	2.0/2034 (0.1%)	0/200.7	2.0/1522.4 (0.1%)	0/1522.4
Language spoken at home								
English	1565	123	1180	262	1541.9/2034 (75.8%)	124.5/200.7 (62.0%)	1157.3/1522.4 (76.0%)	260.2/310.8 (83.7%)
Other	468	64	342	62	491.1/2034 (24.1%)	76.2/200.7 (38.0%)	364.2/1522.4 (23.9%)	50.7/310.8 (16.3%)
Refused	1	0	0	1	1.0/2034 (<0.1%)	0/200.7	1.0/1522.4 (0.1%)	0/310.8
Indigenous status								
Aboriginal or Torres Strait Islander	45	6	33	6	48.4/2034 (2.4%)	8.0/200.7 (4.0%)	34.1/1522.43 (2.2%)	6.2/310.8 (2.0%)
Non-Indigenous	1982	179	1486	317	1977.1/2034 (97.2%)	189.9/200.7 (94.6%)	1484.1/1522.43 (97.5%)	303.1/310.8 (97.5%)
Refused/don't know	7	2	4	1	8.6/2034 (0.5%)	2.8/200.7 (1.4%)	4.2/1522.43 (0.2%)	1.5/310.8 (0.5%)
Health literacy								
Limited/ marginal	216	33	137	46	222.1/2034 (10.9%)	36.9/200.7 (18.4%)	142.6/1522.43 (9.3%)	42.6/310.8 (13.7%)
Adequate	1813	154	1384	275	1808.2/2034 (88.9%)	163.9/200.7 (81.7%)	1378.3/1522.43 (90.6%)	266.1/310.8 (85.6%)
Don't know/did not answer	5	0	2	3	3.7/2034 (0.2%)	0/200.7	1.6/1522.43 (0.1%)	2.1/310.8 (0.7%)

IRSAD = Index of Relative Socio-economic Advantage and Disadvantage.

* Proportions may differ from those in Box 1, which did not include data if they were missing, not stated, or if the expected cell count was less than 5.

Table 3. Likelihood of using ChatGPT for health related information, by participant characteristics (sample weighted to be nationally representative)*

Characteristic	Used ChatGPT for health related information (OR, 95% CI)†
Age group (years)	
18–24	1
25–34	0.64 (0.38 to 1.07)
35–44	0.59 (0.35 to 1.01)
45–54	0.40 (0.22 to 0.70)
55–64	0.29 (0.15 to 0.56)
65 or older	0.09 (0.04 to 0.21)
Gender	
Man/male	1
Woman/female	0.92 (0.66 to 1.29)
Non-binary/prefer different term	2.24 (0.63 to 8.03)
Residential location	
Capital city	1
Elsewhere	0.59 (0.40 to 0.86)
Residential postcode social disadvantage (IRSAD), quintile	
1 (most disadvantage)	1.06 (0.61 to 1.84)
2	0.89 (0.51 to 1.54)
3	1.04 (0.64 to 1.70)
4	1.08 (0.66 to 1.75)
5 (least disadvantage)	1
Education	
Year 12 or less	0.92 (0.54 to 1.58)
Trade certificate (I–IV)	0.82 (0.48 to 1.41)
Advanced diploma/diploma	0.87 (0.49 to 1.55)
Bachelor degree	1.52 (0.87 to 2.64)
Postgraduate degree	1
Country of birth	
Australia	1
Mainly English-speaking country§	0.85 (0.45 to 1.60)
Other	1.81 (1.23 to 2.66)
Language spoken at home	
English	1
Other	1.94 (1.36 to 2.78)
Indigenous status	
Aboriginal or Torres Strait Islander	1.84 (0.70 to 4.82)
Non-Indigenous	1
Health literacy¶	
Limited/marginal	2.18 (1.37 to 3.44)
Adequate	1

* Weighted counts and missing data are reported in the Supporting Information, table 2. Data were not included in analyses if they were missing, not stated, or if the expected count for a cell was less than 5.

† Aware of and used ChatGPT for health related questions *v* aware of but have not used ChatGPT for health related questions.

§ Canada, Ireland, New Zealand, South Africa, United Kingdom, United States of America.

¶ "If you need to go to the doctor, clinic or hospital, how confident are you filling out medical forms by yourself?" : adequate = responses of "extremely", "quite a bit"; limited/marginal = "somewhat", "a little bit", "not at all".

Table 4. Participants who used ChatGPT to obtain health information during the preceding six months (187 respondents), by use of higher risk health questions

Characteristic	Did not ask ChatGPT a higher risk health question	Asked ChatGPT at least one higher risk health question	Odds ratio (95% CI)
All respondents	72	115	
Age group (years)			
18–24	19 (51%)	18 (48.6%)	1
25–34	19 (39%)	30 (61.2%)	1.67 (0.70 to 3.95)
35–44	13 (31%)	29 (69.0%)	2.35 (0.94 to 5.9)
45–54	12 (39%)	19 (61.3%)	1.67 (0.63 to 4.4)
55–64	7 (37%)	12 (63.2%)	1.81 (0.58 to 5.62)
65 or older	2 (22%)	7 (77.8%)	–
Gender			
Man/male	34 (34%)	66 (66.0%)	1
Woman/female	37 (44%)	47 (56.0%)	0.65 (0.36 to 1.19)
Non-binary/prefer different term	1 (33%)	2 (66.6%)	–
Residential location			
Capital city	53 (36%)	93 (63.7%)	1
Elsewhere	19 (48%)	21 (52.5%)	0.63 (0.31 to 1.28)
Residential postcode social disadvantage (IRSAD), quintile			
1 (most disadvantage)	11 (41%)	16 (59.3%)	0.99 (0.37 to 2.65)
2	11 (38%)	18 (62.1%)	1.11 (0.42 to 2.94)
3	14 (33%)	28 (66.7%)	1.36 (0.56 to 3.31)
4	19 (41%)	27 (58.7%)	0.97 (0.41 to 2.26)
5 (least disadvantage)	17 (40%)	25 (59.5%)	1
Education			
Year 12 or less	19 (46%)	22 (53.7%)	0.61 (0.23 to 1.63)
Trade certificate (I–IV)	17 (42%)	23 (57.5%)	0.71 (0.26 to 1.92)
Advanced diploma/diploma	10 (31%)	22 (68.8%)	1.16 (0.40 to 3.38)
Bachelor degree	15 (35%)	28 (65.1%)	0.98 (0.37 to 2.64)
Postgraduate degree	10 (34%)	19 (65.5%)	1
Country of birth			
Australia	54 (45%)	65 (54.6%)	1
Mainly English-speaking country§	5 (36%)	9 (64.3%)	1.50 (0.47 to 4.73)
Other	13 (24%)	41 (75.9%)	2.62 (1.27 to 5.39)
Language spoken at home			
English	55 (45%)	68 (55.3%)	1
Other	17 (27%)	47 (73.4%)	2.24 (1.16 to 4.32)
Indigenous status			
Aboriginal or Torres Strait Islander	4 (67%)	2 (33.3%)	–
Non-Indigenous	67 (37%)	112 (62.6%)	–
Health literacy¶			
Limited/marginal	13 (39%)	20 (60.6%)	0.96 (0.44 to 2.06)
Adequate	59 (38%)	95 (61.7%)	1

IRSAD = Index of Relative Socio-economic Advantage and Disadvantage.

Data were not included in analyses if they were missing, not stated, or if the count for a cell was less than 5.

§ Canada, Ireland, New Zealand, South Africa, United Kingdom, United States of America.

¶ "If you need to go to the doctor, clinic or hospital, how confident are you filling out medical forms by yourself?": adequate = responses of "extremely", "quite a bit"; limited/marginal = "somewhat", "a little bit", "not at all".

Table 5. Reported reasons for considering using ChatGPT for health in the next 6 months (1523 respondents who were aware of ChatGPT but had not used it for health information during the preceding six months

ChatGPT task (multiple responses possible)	Number
Higher risk	
Find out what my symptoms mean (or the symptoms of someone I know)	249 (16.3%)
Find out what to do about a specific health issue that I or someone I know has	176 (11.6%)
Interpret results from blood tests or imaging	172 (11.3%)
Find out if I or someone I know should see a doctor	117 (7.7%)
Lower risk	
Learn about a specific health condition	276 (18.1%)
Understand medical terms	256 (16.8%)
Learn more about a medicine, test or treatment (e.g. safety, side effects or interactions)	201 (13.2%)
Learn about healthy lifestyles	154 (10.1%)
Help create a plan to improve my health (or the health of someone I know)	132 (8.7%)
Would not use ChatGPT for health questions	932 (61.2%)

Table 6. Participants who had not asked ChatGPT to obtain health information during the preceding six months (1523 respondents), by intention to ask higher risk health questions in the next six months

Characteristic	Would not ask ChatGPT a higher-risk health question	Would consider asking ChatGPT at least one higher-risk health question	Odds ratio (95% CI)
All respondents	1148	375	
Age group (years)			
18–24	118 (85.5%)	20 (14.5%)	1
25–34	223 (77.7%)	64 (22.3%)	1.69 (0.98 to 2.93)
35–44	212 (73.4%)	77 (26.6%)	2.14 (1.25 to 3.68)
45–54	218 (78.7%)	59 (21.3%)	1.60 (0.92 to 2.78)
55–64	173 (73.6%)	62 (26.4%)	2.11 (1.21 to 3.69)
65 or older	204 (68.7%)	93 (31.3%)	2.69 (1.58 to 4.59)
Gender			
Man/male	581 (78.2%)	162 (21.8%)	1
Woman/female	552 (72.7%)	207 (27.3%)	1.34 (1.06 to 1.70)
Non-binary/prefer different term	14 (70.0%)	6 (30.0%)	1.54 (0.58 to 4.06)
Residential location			
Capital city	804 (75.6%)	260 (24.4%)	1
Elsewhere	342 (75.3%)	112 (24.7%)	1.01 (0.78 to 1.31)
Residential postcode social disadvantage (IRSAD), quintile			
1 (most disadvantage)	162 (76.4%)	50 (23.6%)	1.01 (0.68 to 1.52)
2	210 (76.6%)	64 (23.4%)	1.00 (0.69 to 1.46)
3	256 (74.2%)	89 (25.8%)	1.14 (0.81 to 1.61)
4	252 (74.1%)	88 (25.9%)	1.15 (0.81 to 1.62)
5 (least disadvantage)	266 (76.7%)	81 (23.3%)	1
Education			
Year 12 or less	249 (70.9%)	102 (29.1%)	1.76 (1.19 to 2.61)
Trade certificate (I–IV)	283 (76.5%)	87 (23.5%)	1.32 (0.89 to 1.97)
Advanced diploma/diploma	206 (72.0%)	80 (28.0%)	1.67 (1.11 to 2.51)
Bachelor degree	200 (77.5%)	58 (22.5%)	1.25 (0.81 to 1.92)
Postgraduate degree	202 (81.1%)	47 (18.9%)	1
Country of birth			
Australia	815 (75.3%)	268 (24.7%)	1
Mainly English-speaking country§	128 (73.1%)	47 (26.9%)	1.12 (0.78 to 1.60)
Other	203 (77.2%)	60 (22.8%)	0.90 (0.65 to 1.24)
Language spoken at home			
English	890 (75.4%)	290 (24.6%)	1
Other	257 (75.1%)	85 (24.9%)	1.02 (0.77 to 1.34)
Indigenous status			
Aboriginal or Torres Strait Islander	22 (66.7%)	11 (33.3%)	1.55 (0.74 to 3.22)
Non-Indigenous	1123 (75.6%)	363 (24.4%)	1
Health literacy¶			
Limited/marginal	104 (75.9%)	33 (24.1%)	0.97 (0.64 to 1.46)
Adequate	1042 (75.3%)	342 (24.7%)	1

Data were not included in analyses if they were missing, not stated, or if the count for a cell was less than 5.

IRSAD = Index of Relative Socio-economic Advantage and Disadvantage.

§ Canada, Ireland, New Zealand, South Africa, United Kingdom, United States of America.

¶ "If you need to go to the doctor, clinic or hospital, how confident are you filling out medical forms by yourself?": adequate = responses of "extremely", "quite a bit"; limited/marginal = "somewhat", "a little bit", "not at all".

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