

## Additional file 2 - Questionnaire on computer and internet use

### QUESTIONNAIRE ON COMPUTER AND INTERNET USE

(This questionnaire will be completed by the research team during the first telephone contact with the patient).

Patient ID:

Autonomous Community:

Referral health center/hospital:

*Please answer the following questions about computer and internet use:*

1. What type of device do you own? (Check all that apply):

- Computer
- Tablet
- Laptop
- Smartphone

*\* To meet the study requirements, patients must have at least one device.*

2. Do you have Internet access on your devices?

- Yes
- No

*\* To meet the study requirements, only patients that answer YES could participate.*

3. How often do you use the Internet (including email)?

- Never
- Less than once a month
- Once a month
- Once or twice a week
- Everyday

*\* To meet the study requirements, patients who check ONE OF THE FIRST TWO BOXES will not be able to participate.*

4. When you are online, which of the following activities do you do? (check all that apply):

- I check the email
- Web surfing / Searching information
- Shopping / User accounts payment
- I play video games
- I download or listen to music
- I watch videos or movies
- I use social networks (e.g. Facebook, Instagram, Twitter, Snapchat, Telegram,...)
- I send instant messages (e.g. Skype, WhatsApp, Facebook Messenger, Telegram..)
- I read press news

- I take courses or distance studies
- Use of different Apps

*\* To meet the study requirements, patients must check AT LEAST 3 BOXES to participate.*