

Mobile Apps Survey

Enrollment date _____

Record ID _____

Participant Triage Level _____

Name of enrolling Research Assistant _____

Check the answer that applies. Participant may skip or choose not to answer any question.

Part I.

1. Some cell phones are called “smartphones” because of certain features they have. Is your cell phone a smartphone, such as an iPhone, Android, Blackberry, or Windows phone? Or do you have a mobile device with internet capability?

- Yes
- No, do not have a smartphone or other mobile device but has a cellphone
- No, do not have a cell phone

2. Do you receive automated texts regarding health information?

- Yes
- No
- Don't know/ Not Sure
- N/A

3. Do you have software applications or “apps” on your smartphone or other mobile device?

- Yes
- No
- N/A

If no skip questions 4 & 5

4. Now thinking about how you might use your mobile device to help manage your health...on your mobile device, do you happen to have any “apps” that help track or manage your health or find health information? (i.e. WebMD, RunKeeper, Fooducate, Calorie Counter Pro apps)

- Yes
- No (Give examples if patient says no)
- N/A

If no answer question 5; if yes skip question 5

5. Are any of these reasons why you don't have health related apps on your mobile device?

- Privacy concerns
- Lack of knowledge about apps on market
- Other, Please describe _____

6. What apps that are on your mobile device do you consider to be health related? *Please name all; separate apps with a comma.*

Part II. Next I'm going to list several app categories and ask you a few questions about each. Do you have any apps that are related to...?

Please fill in each option that applies with name of app (column 1) OR letter than applies (columns 2-5). Can include up to 3 individual apps in each category.

If "Yes" checked to question 1 ask questions in section II, III, and IV

RA Note: shaded gray columns indicate that we will not query about "app information sharing" regarding those selected categories of apps.

Let patient choose what specific apps they would place in each category. Do not guide their answer. Leave it up to the patient.

Skip questions 11 & 12 for male participants.

(Tell participant to refer to answer key sheet)

	4 Main Questions asked for Each app in Each Category			
Categories of Mobile Apps RA ask patient: "Do you have any _____ apps "	Where did you hear about it? a) Media b) Physician or HC provider c) Friends or family d) Internet e) Apple app store, Google Play, or Windows Phone store f) Other – please specify	How often do you use it? a) Downloaded but never used b) Used only a few times c) Used at least once per month d) Used at least once per week e) Used at least once per day f) Do not know	Do you share this information with your... a) Physician or healthcare provider b) Social Network c) Other – please specify d) No one	Would you recommend this app to others? a) Yes b) No
8. Exercise, fitness, pedometer, heart rate monitoring (ex. Nike + Running, RunKeeper – GPS Track Running Walking Cycling) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____

<p>9. Diet, food, calorie counter, Weight loss (ex. Calorie Counter, MyFitnessPal, Weight Watchers Mobile)</p> <p><input type="checkbox"/> (Check box if N/A in this category)</p> <p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>
<p>10. Disease or illness specific - monitoring of chronic conditions</p> <p><input type="checkbox"/> (Check box if N/A in this category)</p> <p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p> <p>a) High blood pressure, Hypertension (ex. HeartWise Blood Pressure tracker app)</p> <p>b) Heart disease - disorder of the blood vessels of the heart that can lead to heart attack</p> <p>c) Asthma (ex. AsthmaSense app)</p> <p>d) Allergy alert, weather channel pollen alert</p> <p>e) Mental/Emotional Health</p> <p>f) Diabetes (ex. Diabetes app – blood sugar control, glucose tracker, carb counter)</p> <p>g) Cancer</p> <p>h) Other</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>
<p>11. Sexual, Reproductive Health (ex. Period Diary, Sexual Health, HIV and Your Heart apps)</p> <p><input type="checkbox"/> (Check box if N/A in this category)</p> <p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>
<p>12. Pregnancy, prenatal and infant care (ex. My Pregnancy Today, Pregnancy Tracker from WhatToExpect.com apps)</p> <p><input type="checkbox"/> (Check box if N/A in this category)</p> <p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p> <p>Option 3 _____</p>
<p>13. Medication management - including tracking, alerts (ex. RxmindMe app)</p> <p><input type="checkbox"/> (Check box if N/A in this category)</p> <p>Option 1 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p>	<p>Option 1 _____</p> <p>Option 2 _____</p>

Option 2 _____ Option 3 _____	Option 3 _____	Option 3 _____	Option 3 _____	Option 3 _____
14. Medical reference, symptoms, anatomy, diagnosis (ex. WebMD, Everyday Health, HealthTap apps) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____		Option 1 _____ Option 2 _____ Option 3 _____
15. Emergency care, CPR, or first aid (ex. Urgent Care, First Aid by American Red Cross app) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____		Option 1 _____ Option 2 _____ Option 3 _____
16. Smoking cessation (ex. Quit Pro: your smoking cessation coach app) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____
17. Brain trainer, brain games, or mind teaser (ex Lumosity Brainer Trainer app) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____
18. Stress, relaxation, and/or sleep (ex. Deep Relaxation – Relax and Sleep Better with Silva Free, Relax – Stress and Anxiety relief apps) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____
19. Health resource locator (ex. Sickle Cell Disease resource locator, iTriage) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____	Option 1 _____ Option 2 _____	Option 1 _____ Option 2 _____	Option 1 _____ Option 2 _____	Option 1 _____ Option 2 _____

Option 2 _____ Option 3 _____	Option 3 _____	Option 3 _____	Option 3 _____	Option 3 _____
20. Social media and networking (ex. Google, Twitter, Facebook apps) <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____		Option 1 _____ Option 2 _____ Option 3 _____		
21. Any other health related apps? <input type="checkbox"/> (Check box if N/A in this category) Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____	Option 1 _____ Option 2 _____ Option 3 _____

Part III. Check one box that applies.

23. In which of the following ways, if any, has tracking any of these indicators affected your own health routine? Has having any health related app...
(Tell participant to refer to answer key sheet)

a) Affected a decision about how to treat an illness or condition

- Yes
- No
- Don't know
- N/A

b) Changed your overall approach to maintaining your health

- Yes
- No
- Don't Know
- N/A

c) Led you to ask a doctor new questions, or to get a second opinion

- Yes
- No
- Don't Know
- N/A

d) Used app in place of talking to a physician

- Yes
- No
- Don't Know

N/A

24. Are there any features of an existing health app that you have that you wish had a specific functionality?

Yes

If yes, please describe the features. _____

No

Don't Know

N/A

25. Are you more likely to look for health apps after completing this survey?

Yes

No

Don't Know

N/A

26. Does a family member or friend who takes care of you have apps to manage your healthcare needs?

Yes

No

Don't Know

N/A

27. Do you have any other types of apps that you use for non-health related topics on your mobile device? Check all that apply. **(Tell participant to refer to answer key sheet)**

Books, Education, News, Finance, Business

Entertainment, Food, Drink, Music, Sports

Games

Travel

Other, Please describe _____

Part IV. *Please check boxes that apply.*

28. Did you use any resources to figure out where to seek medical care today? **(Tell participant to refer to answer key sheet)**

None just came to Emergency Department

Called my primary care physician and they sent me to ED

Web search/phone search

Went to my primary care physician and they sent me to the ED

29. Did you use your smartphone to identify where or how to seek medical care?

Yes

If yes, what apps? Please list. _____

No

30. Would you be interested in any of these health apps? (Check all that apply) **(Tell participant to refer to answer key sheet)**

Apps that show me what types of medical facilities are nearby and what services they offer

Apps that allow me to make an appointment (i.e. ZocDoc app)

Apps that allow me to video chat with a health provider in real time

Apps that call an ambulance that can take me to a hospital

Apps that call an ambulance that can take me to whatever medical facility I prefer (primary care physician office, dialysis, health center, etc)

None

31. If you could have any app to help deliver health care, what would you want? Please describe. _____

32. How important to you are the following things regarding choosing a doctor. Rank in order from most important = 1 to least important = 4 . Write in number in blank space. **(Tell participant to refer to answer key sheet)**

- Availability (open in the evenings, and/or weekends) _____
- Affordability (low copay or covered by insurance) _____
- The doctor I am seeing now knows me _____
- Convenience (ability to get test and imaging, see specialists, etc) _____

33. Before coming to the ED today, did you ask any friends or family members for their advice on where to go for care?

Yes

No

Don't know/not sure

N/A

Part V. Demographic Section Check box or fill in the blank.

34. How would you rate your overall health? **(Tell participant to refer to answer key sheet)**

Very good

Good

Neither good nor poor

Poor

Very poor

Prefer not to disclose

35. What year were you born in? _____

36. What zipcode do you live in? _____

37. What is your approximate weight? _____

38. How tall are you? _____

39. What is your race/ethnicity? Check all that apply.

African American/Black

White, Caucasian

Hispanic

Asian, Asian American

Other (please specify) _____

Prefer not to answer

40. What was your approximate total household income before taxes for the past year, including from all sources for any family members living with you:

(Tell participant to refer to answer key sheet)

Less than \$30,000/yr

\$30,000-\$49,999

\$50,000-\$74,999

\$75,000+

Don't Know/ Not sure

Prefer not to disclose

41. What is the highest level of education that you have completed? **(Tell participant to refer to answer key sheet)**

Less than high school

Some high school (didn't graduate)

High School graduate or GED

Some College / No degree (includes vocation or certificate training)

College graduate (baccalaureate)

Completed graduate degree

Prefer not to disclose

42. Are you a healthcare provider? Or do you work in the healthcare industry?

Yes

No

43. Patient's past medical history. Please write each disease, condition, or illness on a separate line.

Patients General Comments:
