

Multimedia Appendix

Instructions: Please answer the following questions relating to current and past treatment for depression and/or anxiety.

Are you currently receiving help for depression? Yes
 No

Are you currently receiving help for anxiety? Yes
 No

Are you currently receiving help from a Primary Care Physician? Yes
 No

Are you currently receiving help from a Psychiatrist? Yes
 No

Are you currently receiving help from a Psychologist? Yes
 No

Are you currently receiving help from a another Mental Health Professional? Yes
 No

Are you currently receiving help from another provider not listed above? If so, please specify below. Yes
 No

Other (specify): _____

Are you currently taking any prescription medication for anxiety or depression (e.g., Prozac, Effexor, Zoloft, Paxil)? Yes
 No

Have you ever sought help for depression? Yes
 No

Have you ever sought help for anxiety? Yes
 No

Did you seek help from a Primary Care Physician? Yes
 No

Did you seek help from a Psychiatrist? Yes
 No

Did you seek help from a Psychologist? Yes
 No

Did you seek help from a another Mental Health Professional? Yes
 No

Did you seek help from another provider not listed above? If so, please specify below. Yes
 No

Other (specify): _____

Have you ever taken any prescription medication for anxiety or depression (e.g., Prozac, Effexor, Zoloft, Paxil)? Yes
 No

Instructions: Please answer the following questions on the use of your smartphone.

	Less than 30 minutes	From 30 minutes to 1 hour	From 1 to 2 hours	From 2 to 3 hours	More than 3 hours
1. How much time do you spend on your mobile phone on average in a day (calls only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much time do you spend on your mobile phone on average in a day reading (e.g. email, text messages, websites, digital books, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How much time do you spend on your mobile phone on average in a day using mobile apps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please indicate what kind of health and mental health apps do you currently have on your phone.

	Yes	No
Exercise, fitness, pedometer or heart rate monitoring (includes specific types of exercise like running, ab workouts, yoga, etc.)	<input type="radio"/>	<input type="radio"/>
Diet, food, calorie counter	<input type="radio"/>	<input type="radio"/>
Weight	<input type="radio"/>	<input type="radio"/>
Period or Menstrual Cycle	<input type="radio"/>	<input type="radio"/>
Blood Pressure	<input type="radio"/>	<input type="radio"/>
WebMD	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>
Blood Sugar or Diabetes	<input type="radio"/>	<input type="radio"/>
Medication management (tracking, alerts, etc.)	<input type="radio"/>	<input type="radio"/>
Mood	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>
Mental Health/Wellness	<input type="radio"/>	<input type="radio"/>

Do you use any other kinds of health or mental health apps not listed above? If so, please describe below.

- Yes
 No

Please describe:

5. How many health apps do you currently have on your phone?

(If you have not used any apps for your mood and mental health, please enter 0.)

Enter information for up to 5 health and mental health apps below. Please select the apps you've used the most. If you've used more than 5 apps, enter info for the 5 you use most frequently:

App #1:

App Name: _____

What do you use this app for? (What's the purpose of the app?): _____

Frequency: Multiple times per day
 At least once a day
 Several times per week
 Less than once per week

	Yes	No
Did you use this app in the past week?	<input type="radio"/>	<input type="radio"/>

Did you use this app in the past 24 hours?	<input type="radio"/>	<input type="radio"/>
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App #2:

App Name: _____

What do you use this app for? (What's the purpose of the app?): _____

Frequency: Multiple times per day
 At least once a day
 Several times per week
 Less than once per week

	Yes	No
Did you use this app in the past week?	<input type="radio"/>	<input type="radio"/>

Did you use this app in the past 24 hours?	<input type="radio"/>	<input type="radio"/>
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App #3:

App Name: _____

What do you use this app for? (What's the purpose of the app?): _____

Frequency:

- Multiple times per day
- At least once a day
- Several times per week
- Less than once per week

	Yes	No
Did you use this app in the past week?	<input type="radio"/>	<input type="radio"/>
Did you use this app in the past 24 hours?	<input type="radio"/>	<input type="radio"/>

App #4:

App Name: _____

What do you use this app for? (What's the purpose of the app?): _____

Frequency:

- Multiple times per day
- At least once a day
- Several times per week
- Less than once per week

	Yes	No
Did you use this app in the past week?	<input type="radio"/>	<input type="radio"/>
Did you use this app in the past 24 hours?	<input type="radio"/>	<input type="radio"/>

App #5:

App Name: _____

What do you use this app for? (What's the purpose of the app?): _____

Frequency:

- Multiple times per day
- At least once a day
- Several times per week
- Less than once per week

	Yes	No
Did you use this app in the past week?	<input type="radio"/>	<input type="radio"/>
Did you use this app in the past 24 hours?	<input type="radio"/>	<input type="radio"/>