## Appendix. Mobile Technology and Health Survey Instrument

The survey was printed on both sides and folded in half to distribute it as a "booklet".

PART 4: Your use of other health technologies	
19. Doctors often give patients papers with information. With cell phones, doctors or nurses could give you a video to watch or an app to use instead of papers to read. How	Mobile Technology and Health
helpful would it be for your doctor to give	This clinic is doing a research study with the University of Washington.
20. Some people communicate with their doctor or clinic through a "patient portal"	This survey will ask you about how you may use a cell phone to manage your health. Your answers, taken with other responses, will help your clinic provide better care to patients.
on the internet (like MyChart or E-care). Does your clinic have a patient portal?	<ul> <li>The survey should take less than 5 minutes to fill out.</li> </ul>
	<ul> <li>Your answers are anonymous, which means that they cannot be</li> </ul>
20a. Do you use the patient portal?	<ul> <li>traced back to you in any way.</li> <li>Your doctors and nurses will not see your answers.</li> </ul>
21. If you were using a patient portal or health app on your phone, how	<ul> <li>Taking part in this survey is up to you. It is voluntary. You do not have</li> </ul>
comfortable would you feel entering private information if: a. Your doctor could see your information?	to answer any questions you do not want to answer.
a. Your doctor could see your information? Very comfortable	
	DO NOT FILL OUT THE FORM IF:
Very uncomfortable	(1) You are 17 years old or younger (2) You have already filled out this form
b. The information is stored by a third party Very comfortable (like a website or company that is not part	(2) Fou have already lined out this form
of your doctor's office)?	PART 1: You and your phone
	1. Do you have a cell phone or a Blackberry,
Comments:	iPhone or other device that is also a cell phone?
	<ol> <li>Some cell phones are called "smartphones" because of certain features they have. Is your Yes</li> </ol>
	cell phone a smartphone, such as an iPhone, [INO (Go to PART 3) Android, Blackberry or Windows phone?
	3. Have you ever used Find health or medical information
When you finish the survey,	your phone to: Download or use a health "app"
please put it in the yellow drop box	Check all that apply. Track or manage a health issue (your diet or
by the front desk.	weight, activity, mood, blood pressure, etc.)
	3a. How often do you use Once a month or less
Thank you!	your phone for these health reasons?
If you have questions about this	1 to 6 times a week
WPRN research study, please contact	Once a day or more
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PART 2: How you use your phone 4. How did you learn about the mobile headth ender	Site ID:
PART 2: How you use your phone 4. How did you learn about the mobile health apps you have used? Friend or family	Site ID:
PART 2: How you use your phone 4. How did you learn about the mobile health apps   My doctor or clinic the mobile health apps	Site ID:  PART 3: You and your health  10. How old are you?  11. Are you:  Female  Female
PART 2: How you use your phone 4. How did you learn about the mobile health apps you have used? Website or internet Friend or family Website or internet Filer, mail or other ad Other.	Site ID: PART 3: You and your health 10. How old are you?years 11. Are you: Male Female 12. What is your race and ethnicity? Check all that apply.
PART 2: How you use your phone 4. How did you learn about the mobile health apps you have used?      Wy doctor or clinic     Friend or family     Website or internet     Filer, mail or other ad	Site ID:  PART 3: You and your health  10. How old are you? years  11. Are you: Anale  Female  12. What is your race and ethnicity? Check all that apply.  American Indian / Alaska Native Asian
PART 2: How you use your phone 4. How did you learn about the mobile health apps you have used?  Friend or family Website or internet Filer, mail or other ad Other: 5. What is the name of the most useful health "app" you have used?	Site ID:  PART 3: You and your health  10. How old are you?  11. Are you:  Bale  12. What is your race and ethnicity? Check all that apply.  American Indian / Alaska Native  Black or African American  White (not Hispanic or Latino)  Hispanic or Latino
PART 2: How you use your phone 4. How did you learn about the mobile health apps you have used? Website or internet Friend or family Website or internet Filer, mail or other ad Other.	Site ID:         10. How old are you?       years         11. Are you:       Male         Female       11. Are you:         12. What is your race and ethicity? Check all that apply.         American Indian / Alaska Native       Asian         Black or African American       Pacific Islander         White (not Hispanic or Latino)       Hispanic or Latino
PART 2: How you use your phone 4. How did you learn about the mobile health apps you have used?  Friend or family  Website or internet Filer, mail or other ad Other: 5. What is the name of the most useful health "app" you have used?  5a. What does the app do that is useful for you?  6. Have you tried any health apps that you Yes	Site ID:  PART 3: You and your health  10. How old are you?  11. Are you:  Bale  12. What is your race and ethnicity? Check all that apply.  American Indian / Alaska Native  Black or African American  White (not Hispanic or Latino)  Hispanic or Latino
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PART 2: How you use your phone  4. How did you learn about the mobile health apps you have used?  5. What is the name of the most useful health "app" you have used?  5. What is the name of the most useful health "app" you have used?  5. What does the app do that is useful for you?  6. Have you tried any health apps that you 5. Have you tried any health apps that you 5. What does the app do that is useful for you?  6. Have you tried any health apps that you 7. Yes 1. No (Go to 7) 6. If yes, why did you 7. Problem with login / password	Site ID:         10. How old are you?       years         11. Are you:       Male         Female
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PART 2: How you use your phone  4. How did you learn about the mobile health apps you have used?  5. What is the name of the most useful health "app" you have used?  5. What is the name of the most useful health "app" you have used?  5. What does the app do that is useful for you?  6. Have you tried any health apps that you 56. Have you tried any health apps that you 60. Have you tried any health apps that you 61. Have you tried any health apps that you 62. Have you tried any health apps that you 63. If yes, why did you 64. If yes, why did you 65. Took too much time to use  65. Took too much time to use	Site ID:         10. How old are you?         11. Are you:         Black or African American         Diabetes         Asthma         High blood pressure         Diabetes         Asthma         Heart disease         Depression         Chronic pain         None of these         Other:         14. Over the last 2 weeks, how         often have you been bothered         by little interset or pleasure in         Several days
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PART 2: How you use your phone  4. How did you learn about the mobile health apps you have used?  5. What is the name of the most useful health "app" you have used?  5. What is the name of the most useful health "app" you have used?  5. What is the name of the app do that is useful for you?  6. Have you tried any health apps that you	Site ID:         PART 3: You and your health         10. How old are you?       years         11. Are you:       Bale         11. Are you:       Bale         11. Are you:       Bale         12. What is your race and ethnicity? Check all that apply.         Black or African American       Balic black or African American         13. Do you have any of these health conditions? Check all that apply.         14. Over the last 2 weeks, how       None of these         14. Over the last 2 weeks, how       Not at all         offen have you been bothered       Several days         15. Over the last 2 weeks, how       More than half the days         offen have you been bothered       Several days         16. How confident are you filling       Extremely confident         17. How offen do you have       Extremely confident         18. How offen do you have       Cuite a bit confident         19. Not at all confident       Somewhat confident         16. How confident do you have       Always         17. How often do you have       Always         problems because of       Often         17. How often do you have       Always         offen       Often         18. How often do you have       Often         Ifo
PART 2: How you use your phone         4. How did you learn about the mobile health apps you have used?       My doctor or clinic Friend or family         Website or internet         Filer, mail or other ad         Other:         5. What is the name of the most useful health "app" you have used?         5a. What does the app do that is useful for you?         6. Have you tried any health apps that you stop using after just a short time?       No (Go to 7)         6a. If yes, why did you took too much time to use       Other:         7. How important is it for your primary health app (s) you use?       Very important Important Health app (s) you use?       Very important Important No (Go to 9)         8. Has your doctor ever recommended a health app for you?       Yes No (Go to 9)       Sa. What is the name of the app? No (Go to 9)         9. How useful would the following features be for you to have on your phone?       Yes No       Steat Steat Important	Site ID:         10. How old are you?       years         11. Are you:       Male         Female       11. Are you:         11. Are you:       Bale         12. What is your race and ethnicity? Check all that apply.         American Indian / Alaska Native       Asian         Black or African American       Pacific Islander         White (not Hispanic or Latino)       Hispanic or Latino         Other       Diabetes       Asthma         Heart disease       Depression       Chronic pain         More than half the days       More than half the days         often have you been bothered       Several days         doing things?       More than half the days         IS. Over the last 2 weeks, how       Not at all         Several days       More than half the days         by leting down, depressed, or hopeless?       Nore tan half the days         IS. Over the last 2 weeks, how       Not at all         Several days       More than half the days         ust and       Several days         often haw, depressed, or hopeless?       Not at all         Sorewhat confident       Somewhat confident         Somewhat confident       Alittle bit confident         or hopeless learning about you medical problems bec
PART 2: How you use your phone  4. How did you learn about the mobile health apps you have used?  5. What is the name of the most useful for you?  5. What is the name of the most useful health "app" you have used?  5. What is the name of the most useful for you?  6. Have you tried any health apps that you	Site ID:         10. How old are you?       years         11. Are you:       Male            Female          Are you:         11. Are you:          Alaska Native            Are you:          Alaska Native            Black or African American          Pacific Islander            Black or African American          Pacific Islander            High blood pressure          Diabetes          Astmail            High blood pressure          Diabetes          Astmail            High blood pressure          Diabetes          Astmail            High theod pressure          Diabetes          Astmail            High diage          Not at all          Several days            doing things?          Not at all          Several days            doing things?          Not at all          Not at all            down deepressed, or hopeless?          Not at all          Not at all            four are experiencing these symptoms, please tell your doctor.
PART 2: How you use your phone         4. How did you learn about the mobile health apps you have used?         Biter, mail or other ad         Conter:         5. What is the name of the most useful health "app" you have used?         5a. What does the app do that is useful for you?         6. Have you tried any health apps that you stop using after just a short time?         Call fyes, why did you stop using it?         Didn't do what you wanted         Took too much time to use         Other:         7. How important is it for your primary care provider to know about the health app(s) you use?       Very important Important Not at all important         8. Has your doctor ever recommended a health app for you?       Yes No (Go to 9)         8. What is the name of the app?       No (Go to 9)         8. What is the name of the app?       1 2 3 4 5         a. General health information       1 2 3 4 5         b. Appointment reminders       1 0 1 1 2         c. Medication reminders       1 0 1 1 2         c. Medication reminders       1 0 1 1 2         c. General health information       1 0 1 1 2         b. Appointment reminders       1 0 1 1 1         c. Help with stress management or coping       1 0 1 1         d. Get feedback on how I'm doing       1 0 1 1         c. Help with stress ma	Site ID:         10. How old are you?       years         11. Are you:       Black or African American         Permale       Permale         12. What is your race and ethnicity? Check all that apply.         American Indian / Alaska Native       Asian         Black or African American       Pacific Islander         White (not Hispanic or Latino)       Hispanic or Latino         0 Other       Diabetes       Asthma         13. Do you have any of these health conditions? Check all that apply.       High blood pressure       Diabetes         14. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?       Not at all       Several days         15. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?       Not at all       Not at all onfident         16. How confident are you filling       Extremely confident       Somewhat confident         17. How often do you have       Always       Often         18. How often do you have       Always       Often         18. How often do you have       Always       Often         18. How often do you have       Always       Often         19. How often do you have       Always       Often         18. How often do you have       Always       Often
PART 2: How you use your phone         4. How did you learn about       My doctor or clinic         the mobile health apps       Friend or family         you have used?       Friend or family         General       General         5. What is the name of the most useful health "app" you have used?         5. What is the name of the most useful health "app" you have used?         6. Have you tried any health apps that you       Yes         5a. What does the app do that is useful for you?         6. Have you tried any health apps that you       Yes         stopped using after just a short time?       No (Go to 7)         6a. If yes, why did you       Problem with login / password         stopped using after just a short time?       No (Go to 7)         6a. If yes, why did you       Problem with login / password         stop using if?       Didn't do what you wanted         Took too much time to use       Other:         7. How important is it for your primary care provider to know about the health app(s) you use?       No (Go to 9)         8a. What is the name of the app?       No (Go to 9)         8a. What is the pale of you?       Yes         9. How useful would the following features       Liamin       Liamin         be for you to have on your phone?       1 2 3 4 5         a. General hea	Site ID:         PART 3: You and your health         10. How old are you?       years         11. Are you:       Male         Female       11. Are you:         11. Are you:       Male         Female       12. What is your race and ethnicity? Check all that apply.         American Indian / Alaska Native       Asian         Black or African American       Pacific Islander         White (not Hispanic or Latino)       Hispanic or Latino         Other       Diabetes       Asthma         High blood pressure       Diabetes       Asthma         Heart disease       Depression       Chronic pain         None of these       Other       Not at all         by jittle interest or pleasure in doing things?       Not at all         by fittle interest or pleasure in doing things?       Not at all         Several days       More than half the days         by feeling down, depressed, or hopeless?       Not at all         Several days       Beard days         ut medical forms by yourself?       Quite a bit confident         17. How offen do you have       Several days         problems learning about your       Always         medical problems because of difficulty understanding written information?       Sometimes