MULTIMEDIA APPENDIX 2 - ENGLISH VERSION OF THE QUESTIONNAIRE

		Date	
Questionnaire Code			
		Nome	
		Campus	
	Your use and opinions of digita	al health	
<u>SE</u>	CTION 1: Who are you?		
1.	Gender: Male/Female		
2.	Which are your month and year of birth?		
3.	Which is your field of study?		
	☐ Science and Technology		
	☐ Literature and Social Sciences		
	☐ Law and Economy		
	☐ Life and Health Sciences		
4.	Which is your current year of study?		
	\square 1 st year \square 2 nd year \square 3 rd year \square > 3 rd year		
5.	How would you rate your general health status?		
•	□ Very good		
	☐ Good		
	☐ Average		
	□ Bad		
	☐ Very bad		
6.	And what about your mental health?		
	☐ Very good		
	Good		
	☐ Average		
	□ Bad		

 \square Very bad

SECTION 2: Use of digital health

7.	Do you have a smartphone?
	☐ Yes
	□ No (Go to question 11)
8.	Do you have a health-related application (nutrition, running, sleep, well-being)?
	□ Yes
	□ No (Go to question 11)
9.	If yes, please provide the name
10.	Which is your frequency of use?
	☐ Often
	□ Occasionally
	□ Never
11.	Do you have a health-related wearable device like a bracelet or a smartwatch? ☐ Yes
	□ No

12. During the last 12 months, have you looked for online information or support on these health and well-being topics? (MULTIPLE CHOICE)

Topics	YES			
	For yourself concerning a specific disease or medical problem which might affect you	Out of curiosity	For your studies	NO
Sleep				
Physical activity and its repercussion on health				
Nutrition (weight, health habits, eating disorders, food composition)				
Sexuality (sexual habits, homosexuality, sexually transmitted diseases, HIV)				
Contraception (condom, pill, IUD, implant)				
Pregnancy and/or maternity				
Alcohol risks				
Risks concerning tobacco and e-cigarettes				
Cannabis and other synthetic drugs				
Stress/anxiety/depression				
Skin problems				
Vaccinations				
Environment and health risks				
Pain and illnesses				
Other topics:	<u> </u>			

^{*} If a student answers NO to all items, do not administer the questions underlined in grey.

13. What are the sources of information you explored? How do you rate the information found?

	YES		NO	
	Credible information	Neither credible or non-credible information	Non-credible information	
Forums				
General health websites				
YouTube				
Social networks (Facebook, Twitter)				
Institutional/official websites				
Blogs				
Wikipedia				
14. Since the beginning of you professional/service (ex. ger				n a neath
	neral practitioner	, dentist, gynaecolog	ist)?	
☐ Yes				
SECTION 3: Opinions on digita		ooked for health-rel	ated information o	unline for a
personal problem. Has this r	•			
☐ Yes				
□ No				
15.1. If YES, why? (<i>M</i> □ Information was insuf	ULTIPLE CHOICE) ficient			
☐ Information was alarm	ning			
☐ Information confirmed	d a real health pro	oblem		
15.2. If NO, why? (MU	LTIPLE CHOICE)			
☐ Information was suffic	cient			
☐ Information was reass	uring			

16.	Do you think online information and advice can be a complementary solution to real-life
	consultations?
	□ Yes
	□ No
	16.1. If YES, when could they be most useful?
	☐ Before a consultation to get prepared
	☐ After a consultation to better understand the health professional's instructions
	☐ Before and after a consultation
17.	Do you think online information and advice could be an alternative to real-life consultations now or in the future? □ Strongly agree □ Disagree □ Strongly disagree
	 17.1. If DISAGREE/STRONGLY DISAGREE, do you think this will be possible in the future (for instance through a validated website by the ministry of health)? ☐ Yes ☐ No