

## Multimedia Appendix. Survey Instrument

### Section 1. Background

Q1a. Do you own any of the following mobile devices?

	Yes	No
a) A smartphone that can be used to download mobile applications (apps) * (for example: Apple iPhone, Samsung Galaxy, Google Nexus, Microsoft Lumia, Sony Xperia)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b) A digital tablet that can be used to download mobile applications (apps) * (for example: Apple iPad, Samsung Galaxy Tablet, Google Nexus Tablet, Sony Xperia Tablet)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

\*A mobile

**IF THE ANSWERS TO a) AND b) ARE BOTH 0, GO TO Q13a, OTHERWISE CONTINUE**

Q1b. Generally speaking, how often do you access the Internet using your smartphone and/or digital tablet, for example to read the news, go on Facebook, check the weather forecast or listen to the radio?

Many times each day	7 <input type="checkbox"/>
A few times each day	6 <input type="checkbox"/>
Once a day	5 <input type="checkbox"/>
3 to 5 times per week	4 <input type="checkbox"/>
1 to 2 times per week	3 <input type="checkbox"/>
2 to 3 times per month	2 <input type="checkbox"/>
Once a month or less	1 <input type="checkbox"/>
I never access the Internet on my mobile device(s)	99 <input type="checkbox"/>

**CONTINUE**

## Section 2. Mobile Apps

Q2. Do you have one or more mobile apps on your smartphone or digital tablet to help you monitor certain aspects of your health or well-being (e.g. your weight, your dietary habits, the quality of your sleep, your mood, your physical activity, your blood pressure, your blood sugar level)?

Yes	1 <input type="checkbox"/>	<a href="#">CONTINUE</a>
No	0 <input type="checkbox"/>	<a href="#">GO TO Q13a</a>

Q3. Have you, in the last 3 months, used at least one health or well-being mobile app?

Yes	1 <input type="checkbox"/>	<a href="#">GO TO Q5</a>
No	0 <input type="checkbox"/>	<a href="#">CONTINUE</a>

**PRIMARY STUDY SAMPLE CRITERIA: ANSWERS TO Q3 = 1 'YES'; and/or Q13C= 1 'YES, and I use them' or 2 'YES, but I have stopped using them' . Sample Completes (Target) N = 1000**

Q4. Indicate the reason or reasons why you have not used this type of mobile app in the last three months. **Please check all the boxes that apply to your personal situation.**

<b>RANDOM ROTATION EXCEPT FOR ITEM "M," WHICH SHOULD ALWAYS BE LAST</b>	<b>Checked=1; otherwise=0</b>
a) Entering data (e.g. on weight, distance covered, blood sugar level) in an app is too time-consuming.	<input type="checkbox"/>
b) At one point I found that I wasn't learning anything new.	<input type="checkbox"/>
c) There were hidden costs associated with using the app.	<input type="checkbox"/>
d) The app was too complicated to use.	<input type="checkbox"/>
e) I had doubts about the reliability of the information generated by the app.	<input type="checkbox"/>
f) I wasn't able to reach my goals and lost interest.	<input type="checkbox"/>
g) I didn't like the idea of sharing my personal information with other people.	<input type="checkbox"/>
h) I was worried my data would be transmitted without my permission/consent.	<input type="checkbox"/>
i) I was worried that unauthorized third parties would make inappropriate use of my personal data.	<input type="checkbox"/>
j) I was worried that using these apps could become an obsession.	<input type="checkbox"/>
k) After a while, I just lost interest in this type of app.	<input type="checkbox"/>
l) The app that I was using just stopped working well.	<input type="checkbox"/>
m) No specific reason.	<input type="checkbox"/>

[GO TO Q13a](#)

Q5. In total, how many health or well-being mobile apps have you used in the last 3 months?

1	1 <input type="checkbox"/>
2	2 <input type="checkbox"/>
3	3 <input type="checkbox"/>
4	4 <input type="checkbox"/>
5	5 <input type="checkbox"/>
6	6 <input type="checkbox"/>
7	7 <input type="checkbox"/>
8	8 <input type="checkbox"/>
9	9 <input type="checkbox"/>
10 or more	10 <input type="checkbox"/>
I don't know	99 <input type="checkbox"/>

**CONTINUE**

Q6. How long have you been using these apps?

Less than 3 months	1 <input type="checkbox"/>
Between 3 and 6 months	2 <input type="checkbox"/>
Between 6 and 12 months	3 <input type="checkbox"/>
Between 1 and 2 years	4 <input type="checkbox"/>
Between 2 and 5 years	5 <input type="checkbox"/>
I don't remember exactly	99 <input type="checkbox"/>

**CONTINUE**

Q7. Concerning your health and well-being, which of the following items do the apps you currently use help you with ...?  
**Please check all the boxes that apply to your personal situation.**

RANDOM ROTATION	Checked=1; otherwise=0
<b>a)</b> Competition and performance in sports For example: training guides, as a record of sports performance; calculations of distance covered or calories burned.	<input type="checkbox"/>
<b>b)</b> Regular physical activity For example: exercise guides/routines; advice on leading a physically active life (being more active); as a record of physical activity; step counter, calories burned.	<input type="checkbox"/>
<b>c)</b> Nutrition and eating habits For example: guides/programs/tools for balanced nutrition; meal calorie calculator.	<input type="checkbox"/>
<b>d)</b> Weight-related information For example: Monitoring weight or waistline; calculator of body mass index.	<input type="checkbox"/>
<b>e)</b> Sleep For example: monitoring sleep quality and/or hours slept; advice/tools for better sleep – music, alarms, etc.; monitoring sleep conditions, such as snoring or sleep apnea.	<input type="checkbox"/>
<b>f)</b> Cardiovascular, lung or respiratory airway health For example: tools/advice for monitoring blood pressure, heart rate, pulse, asthma, oxygen levels	<input type="checkbox"/>
<b>g)</b> Diabetes and other metabolism-related conditions For example: sugar, cholesterol	<input type="checkbox"/>
<b>h)</b> Use of medication For example: monitoring medication use; identifying side effects or contraindications	<input type="checkbox"/>
<b>i)</b> Sexual and reproductive health For example: Women: menstrual cycle; guides/advice on monitoring a pregnancy or the postnatal period. Men: guides/advice for sexual health	<input type="checkbox"/>
<b>j)</b> Mental and emotional health For example: monitoring mood/emotional state; stress management; guides/tools for meditation/relaxation or motivation; monitoring/guides/tools for memory, attention, cognitive skills	<input type="checkbox"/>
<b>k)</b> Dental health	<input type="checkbox"/>
<b>l)</b> Tobacco dependence For example: monitoring/guides/tools for reducing or ending tobacco consumption	<input type="checkbox"/>
<b>m)</b> Alcohol and drugs For example: monitoring/guides/tools for monitoring goals to reduce alcohol intake, support harm reduction or abstinence strategies to reduce or end alcohol or drug consumption	<input type="checkbox"/>

**FOR EACH ITEM CHECKED IN Q7, ASK Q8 [Single Question per page, with Q8 Prompted if item =1]**

Q8. How often do you update your data on this aspect of health or well-being using your mobile app(s)?

Many times each day	7 <input type="checkbox"/>
A few times each day	6 <input type="checkbox"/>
Once a day	5 <input type="checkbox"/>
3 to 5 times per week	4 <input type="checkbox"/>
1 to 2 times per week	3 <input type="checkbox"/>
2 to 3 times per month	2 <input type="checkbox"/>
Once a month or less	1 <input type="checkbox"/>

**CONTINUE**

Q9. Generally speaking, to what extent do each of the following items encourage you to use one or more apps to better monitor your health or well-being?

<b>RANDOM ROTATION</b>	5 Very strongly	4 Rather strongly	3 Somewhat	2 Mildly	1 Not at all
a) Know myself better and monitor changes in things that I consider important for my health (e.g. weight, physical activity, sleep, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Break a bad habit related to my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Give me daily encouragement toward reaching my personal health and wellness goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Monitor progress made in my athletic training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Better follow the treatment plan prescribed by my physician or another health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes f) Monitor one or more issues related to one or more chronic illnesses (e.g. diabetes, high blood pressure, asthma, obesity)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No g) Maintain or improve my autonomy to live independently in my home (e.g. preparing meals, reminders for daily activities and routines, like grocery shopping)	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer h) Help me take my medication on time as it was prescribed	88 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reduce the number of times I need to see my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Improve communication with my physician or another health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONTINUE**

Q10. Do you ever share the data on health and well-being recorded in your app(s) with other people?

Q11. With whom do you usually share the data on health and well-being recorded in

your mobile apps? **Please check all the boxes that apply to your personal situation.**

<b>RANDOM ROTATION EXCEPT FOR ITEM "G," WHICH SHOULD ALWAYS BE LAST</b>	<b>Checked=1;</b>
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	otherwise=0
a) Family members (e.g. spouse, brother/sister, parent, child)	<input type="checkbox"/>
b) Friends	<input type="checkbox"/>
c) My family doctor at my regular place of care	<input type="checkbox"/>
d) A nurse at my regular place of care	<input type="checkbox"/>
e) My pharmacist	<input type="checkbox"/>
f) Nutritionist	<input type="checkbox"/>
g) My counsellor or therapist supporting my mental health	<input type="checkbox"/>
h) My personal trainer (coach)	<input type="checkbox"/>
i) Other users of the same mobile app	<input type="checkbox"/>
j) Individuals or groups on social media	<input type="checkbox"/>
k) Someone else - please specify:	<input type="checkbox"/>

**CONTINUE**

Q12. To what extent do you agree or disagree with each of the following statements?

<b>RANDOM ROTATION</b>	1 Strongly disagree	2 Somewha t disagree	3 Neutral	4 Somewha t agree	5 Strongly agree
a) I am satisfied with my use of apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am pleased with my use of apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am delighted with my use of apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learning how to use my app(s) was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I find my app(s) user-friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The information provided by my app(s) is easy to understand and interpret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) In general, I find it easy to use my app(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Using my app(s) turned out to be easier than I first thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) There were more benefits to using my app(s) than I first thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) My expectations concerning how I would use my app(s) have been confirmed so far	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Thanks to my app(s), I have learned to be better informed about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My use of app(s) allows me to be more autonomous in the management of my health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I have maintained or improved my health status by using apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Overall health apps have proved very useful in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I have every intention of CONTINUING to use health app(s) in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) I have no intention of stopping my use of health app(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I will CONTINUE to use apps to measure, on my own, different aspects of my health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Because of my use of health apps, I feel more anxious about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Because of my use of health apps, I feel I can have more informed discussions with my doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Because of my use of health apps, I feel more confident taking care of my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Because of my use of health apps, my knowledge of my health has improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONTINUE**

### Section 3. Health and Well-Being Smart Connected Devices

Q13a.

The following questions deal with smart connected devices that are used to monitor health and well-being. They are electronic objects that, like those shown below, capture data on different aspects of one's health and well-being, such as pulse, weight, athletic performance, sleep quality, body temperature and blood pressure, and synch via WiFi or bluetooth with an app on your mobile smartphone or digital tablet or plug in and synch directly with an application or program on your desktop computer for visual display, monitoring, tracking, and/or analysis.



Before today, had you ever heard about smart devices for health and well-being?

Yes	1 <input type="checkbox"/>	<b>CONTINUE</b>
No	0 <input type="checkbox"/>	<b>IF Q3 = 0, GO TO Q20, OTHERWISE GO TO Q24</b>

Q13b. How familiar are you with smart devices for health and well-being?

Not much at all	Slightly	Somewhat	Very	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**CONTINUE**



Q13c. Do you have one or more smart devices or wearables for health and wellbeing that capture data related to your health and well-being?

YES, and I use them	1 <input type="checkbox"/>	<b>CONTINUE</b>
YES, but I have stopped using them	2 <input type="checkbox"/>	<b>GO TO Q13e</b>
YES, but I have never used them	3 <input type="checkbox"/>	<b>IF Q3 = 0, GO TO Q20, OTHERWISE GO TO Q24</b>
NO	4 <input type="checkbox"/>	<b>GO TO Q17</b>

Q13d. How long have you been using a smart device/wearable for health and well-being?

Less than 3 months	1 <input type="checkbox"/>
Between 3 and 6 months	2 <input type="checkbox"/>
Between 6 and 12 months	3 <input type="checkbox"/>
Between 1 and 2 years	4 <input type="checkbox"/>
Between 2 and 5 years	5 <input type="checkbox"/>
I don't really remember	99 <input type="checkbox"/>

**GO TO Q14**

13e. Why did you stop using the smart device you have? **Check all the reasons that apply to your personal situation.**

RANDOM ROTATION EXCEPT FOR ITEM "K," WHICH SHOULD ALWAYS BE LAST	Checked=1; otherwise=0
a) I found this type of object too complicated to use.	<input type="checkbox"/>
b) I didn't like carrying or wearing this type of device with /on me.	<input type="checkbox"/>
c) I wasn't able to attain the objectives I had set for myself, so I lost my motivation.	<input type="checkbox"/>
d) This type of device didn't meet my personal expectations.	<input type="checkbox"/>
e) I had acquired this type of device more out of curiosity than to make use of it.	<input type="checkbox"/>
f) Capturing data with this type of device took too much of my time.	<input type="checkbox"/>
g) The device(s) I had simply stopped working well.	<input type="checkbox"/>
h) After a while, I just lost interest in this kind of device	<input type="checkbox"/>
i) I had doubts about the reliability of the information generated by the device(s) I was using.	<input type="checkbox"/>
j) For no particular reason.	<input type="checkbox"/>
k) I didn't like taking the time to synch my device with the mobile app it came with	<input type="checkbox"/>

**GO TO QUESTION 24**

Q14. How many smart devices for health and well-being do you currently own?

1	1 <input type="checkbox"/>
2	2 <input type="checkbox"/>
3	3 <input type="checkbox"/>
4	4 <input type="checkbox"/>
5	5 <input type="checkbox"/>
6	6 <input type="checkbox"/>
7	7 <input type="checkbox"/>
8	8 <input type="checkbox"/>
9	9 <input type="checkbox"/>
10 or more	10 <input type="checkbox"/>
I don't know	99 <input type="checkbox"/>

**CONTINUE**

Q15a. Which of the following smart devices for health and well-being do you own? **Please check all the boxes that apply to your personal situation.**

<b>RANDOM ROTATION EXCEPT FOR ITEMS "L" and "M," WHICH ARE ALWAYS PLACED LAST</b>	<b>Checked=1; otherwise=0</b>
a) Bracelet , wristband, or watch	<input type="checkbox"/>
b) Intelligent clothing (e.g. pants, shirt, t-shirt, socks, hat, belt, shoe soles)	<input type="checkbox"/>
c) Bathroom scale	<input type="checkbox"/>
d) Toothbrush	<input type="checkbox"/>
e) Fork ( <i>eating speed, calories consumed</i> )	<input type="checkbox"/>
f) Blood pressure monitor	<input type="checkbox"/>
g) Pedometer ( <i>steps walked or run</i> )	<input type="checkbox"/>
h) Thermometer	<input type="checkbox"/>
i) Glucose monitor	<input type="checkbox"/>
j) Intelligent pill dispenser	<input type="checkbox"/>
k) Pulse oximeter or spirometer ( <i>respiratory functions</i> )	<input type="checkbox"/>
l) Other connected/intelligent devices worn using a band (e.g. worn on the head, the neck, an arm, a thigh)	<input type="checkbox"/>
m) Other portable connected objects (e.g. connected optical devices, connected pendants, connected hearing aids)	<input type="checkbox"/>

**FOR EACH OBJECT CHECKED IN Q15a, ASK Q15b [Single Question per page, with Q8 Prompted if item =1]**

Q15b. How often do you use this smart device for health and well-being?

**[DISPLAY THE ITEM CHECKED IN Q15a]**

Many times each day	7 <input type="checkbox"/>
A few times each day	6 <input type="checkbox"/>
Once a day	5 <input type="checkbox"/>
3 to 5 times per week	4 <input type="checkbox"/>
1 to 2 times per week	3 <input type="checkbox"/>
2 to 3 times per month	2 <input type="checkbox"/>
Once a month or less	1 <input type="checkbox"/>

**CONTINUE**

Q16. Indicate the extent to which you agree or disagree with each of the following statements.

<b>RANDOM ROTATION</b>	1 Strongly disagree	2 Somewhat disagree	3 Neutral	4 Somewhat agree	5 Strongly agree
a) I am satisfied with the use I am making of my smart device(s) for health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am pleased with the use I am making of my smart device(s) for health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am delighted with the use I am making of my smart device(s) for health connected object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learning how to use my smart device(s) for health was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I find my smart device(s) for health user-friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The information provided by my smart device(s) for health is easy to understand and interpret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) In general, I find it easy to use my smart device(s) for health object(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Using my smart device(s) for health turned out to be easier than I first thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) There were more benefits to using my smart device(s) for health than I first thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) My expectations concerning how I would use my smart device(s) for health have been confirmed so far	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Thanks to my smart device(s) for health, I have learned to be better informed about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My use of smart device(s) for health allows me to be more autonomous in the management of my health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I have maintained or improved my health status by using smart device(s) for health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Overall, smart device(s) for health have proven very useful in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I have every intention of CONTINUING to use my smart device(s) for health in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) I have no intention of stopping my use of smart device(s) for health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I will continue to use smart device(s) for health to measure, on my own, different aspects of my health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) My use of smart device(s) for health, help me feel more anxious about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Because of my use of health apps, I feel I can have more informed discussions with my doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Because of my use of health apps, I feel more confident taking care of my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Because of my use of health apps, my knowledge of my health has improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO TO Q24

Q17. For which of the following reasons do you not own smart devices for health and well-being? **Please check all the boxes that apply to your personal situation.**

RANDOM ROTATION EXCEPT FOR ITEM "K," WHICH SHOULD ALWAYS BE LAST	Checked=1; otherwise=0
a) I am not interested	<input type="checkbox"/>
b) I do not know enough about the benefits of smart device(s) for health.	<input type="checkbox"/>
c) I'm worried that I won't know how to make good use of them.	<input type="checkbox"/>
d) I have doubts about the reliability of the measures they take.	<input type="checkbox"/>
e) I feel that they would intrude on my privacy.	<input type="checkbox"/>
f) I am worried that unauthorized third parties will make inappropriate use of my personal data.	<input type="checkbox"/>
g) I am worried that use of these smart devices will become an obsession and a source of concern.	<input type="checkbox"/>
h) I am worried of becoming overly dependent on these devices.	<input type="checkbox"/>
i) Smart device(s) for health are too expensive.	<input type="checkbox"/>
j) My physician does not seem to think they are worthwhile or has not spoken to me about them.	<input type="checkbox"/>
k) None of the above.	<input type="checkbox"/>

**CONTINUE**

Q18. Are you thinking about buying a health and well-being connected object in the next 12 months?

Very likely	5 <input type="checkbox"/>	<b>CONTINUE</b>
Somewhat likely	4 <input type="checkbox"/>	<b>CONTINUE</b>
Unlikely	3 <input type="checkbox"/>	<b>IF Q3 = 0, GO TO Q20, OTHERWISE GO TO Q24</b>
Very unlikely	2 <input type="checkbox"/>	<b>IF Q3 = 0, GO TO Q20, OTHERWISE GO TO Q24</b>

Not at all likely	1 <input type="checkbox"/>	IF Q3 = 0, GO TO Q20, OTHERWISE GO TO Q24
Don't know	99 <input type="checkbox"/>	CONTINUE

Q19. Which of the following smart devices for health would you be interested in acquiring in the next 12 months?  
**Please check all the boxes that apply to your situation.**

RANDOM ROTATION EXCEPT FOR ITEMS "L" AND "M," WHICH ARE ALWAYS PLACED LAST	Checked=1; otherwise=0
a) Bracelet or watch	<input type="checkbox"/>
b) Intelligent clothing (e.g. pants, shirt, t-shirt, socks, hat, belt, shoe soles)	<input type="checkbox"/>
c) Bathroom scale	<input type="checkbox"/>
d) Toothbrush	<input type="checkbox"/>
e) Fork	<input type="checkbox"/>
f) Blood pressure monitor	<input type="checkbox"/>
g) Pedometer	<input type="checkbox"/>
h) Thermometer	<input type="checkbox"/>
i) Glucose monitor	<input type="checkbox"/>
j) Pill dispenser	<input type="checkbox"/>
k) Pulse oximeter or spirometer	<input type="checkbox"/>
l) Other connected/intelligent objects worn using a band (e.g. worn on the head, around the neck or chest, an arm, a thigh)	<input type="checkbox"/>
m) Other portable connected objects (e.g. connected optical devices, connected pendants, connected hearing aids)	<input type="checkbox"/>

**IF Q3 = 0, GO TO Q20, OTHERWISE GO TO Q24**

## Section 4. Profile of the Respondent

Q20. Do you currently keep track of specific health measures or well-being information on paper in a diary or log or through manual data entry on your computer?

(e.g.: your weight, blood sugar level, blood pressure, level of physical activity, pulse, athletic performance, quality of sleep - or other aspect of your health or well-being?)

Yes	1 <input type="checkbox"/>	<a href="#">GO TO Q22</a>
No	0 <input type="checkbox"/>	<a href="#">CONTINUE</a>

Q21. For which of the following reasons do you not manually measure any aspect of health and well-being? **Please check all the boxes that apply to your personal situation.**

<b>RANDOM ROTATION EXCEPT FOR ITEM "J," WHICH SHOULD ALWAYS BE LAST</b>	<b>Checked=1; otherwise=0</b>
a) I am in good or excellent health, so I do not see the point.	<input type="checkbox"/>
b) I would not know what information to collect or how to collect it.	<input type="checkbox"/>
c) I do not have the time to be taking such measures myself.	<input type="checkbox"/>
d) I am not disciplined enough for this kind of activity.	<input type="checkbox"/>
e) I would not know what to do with the information collected.	<input type="checkbox"/>
f) The information that my physician gives me on my health is sufficient.	<input type="checkbox"/>
g) The information that my personal trainer gives me on my physical condition is sufficient.	<input type="checkbox"/>
h) I have other priorities at this time in my life.	<input type="checkbox"/>
i) It is of no interest to me.	<input type="checkbox"/>
j) No specific reason.	<input type="checkbox"/>

[GO TO Q24](#)



Q22. Generally speaking, which of the following aspects of your health and well-being do you currently keep track of or record manually on a regular basis? **Please check all the boxes that apply to your personal situation.**

RANDOM ROTATION	Checked=1; otherwise=0
a) Competition and performance in sports	<input type="checkbox"/>
b) Regular physical activity	<input type="checkbox"/>
c) Nutrition and eating habits	<input type="checkbox"/>
d) Weight	<input type="checkbox"/>
e) Quality and/or quantity of sleep	<input type="checkbox"/>
f) Body temperature recording from a thermometer	<input type="checkbox"/>
g) Cardiovascular, lung or respiratory airway health	<input type="checkbox"/>
h) Diabetes and other metabolism-related conditions	<input type="checkbox"/>
i) Medication use or treatment monitoring	<input type="checkbox"/>
j) Sexual and reproductive health	<input type="checkbox"/>
k) Mental and emotional health	<input type="checkbox"/>
l) Oral or dental health	<input type="checkbox"/>
m) Tobacco dependence	<input type="checkbox"/>
n) Consumption of alcohol or drugs	<input type="checkbox"/>
o) None of the above	99 <input type="checkbox"/>

**CONTINUE**

Q23. Generally speaking, what do you do with the data/information you manually record on your health or well-being?  
Please check all the boxes that apply to your personal situation.

RANDOM ROTATION EXCEPT FOR ITEM "F," WHICH SHOULD ALWAYS BE LAST	Checked=1; otherwise=0
a) I simply keep track of my data in my head.	<input type="checkbox"/>
b) I write my data down on paper, in a personal journal or in a notebook.	<input type="checkbox"/>
c) I enter and save my data in a program on my computer, tablet or smartphone (e.g. an Excel spreadsheet or a table in Word or in an app).	<input type="checkbox"/>
d) I access the internet or a website to enter and save my data on a patient portal or other site (e.g. a personal patient record).	<input type="checkbox"/>
e) I use some other means.	<input type="checkbox"/>
f) I do not save my data.	<input type="checkbox"/>

**CONTINUE**

Q24. How would you rate your current health status?

Excellent	Very good	Good	Rather poor	Very poor
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

**CONTINUE**

Q25. Do you suffer from one or more chronic conditions?

Yes	1 <input type="checkbox"/>	<b>CONTINUE</b>
No	0 <input type="checkbox"/>	<b>GO TO Q27</b>
Prefer not to answer	88 <input type="checkbox"/>	<b>GO TO Q27</b>

Q26. Which ones? Please check all the illnesses that apply to your personal situation.

RANDOM ROTATION	Checked=1; otherwise=0
a) Diabetes	<input type="checkbox"/>
b) High blood pressure	<input type="checkbox"/>
c) Obesity	<input type="checkbox"/>
d) Heart disease (e.g. heart attack, congestive heart failure, arrhythmia, heart disease at birth, high cholesterol)	<input type="checkbox"/>
e) Lung or respiratory airway disease (e.g. asthma, cystic fibrosis, chronic obstructive pulmonary diseases such as emphysema and chronic bronchitis)	<input type="checkbox"/>
f) Cancer	<input type="checkbox"/>
g) Bone or muscle disease (e.g. arthritis, rheumatism, osteoarthritis, osteoporosis, back pain)	<input type="checkbox"/>
h) Disease of the nervous system (e.g. stroke, memory problems, Alzheimer's disease, Parkinson's disease, dementia, migraines, head trauma)	<input type="checkbox"/>
i) Mental disorders (e.g. depression, bipolar disorder, anxiety, eating disorder, personality disorder)	<input type="checkbox"/>
j) Chronic infectious disease (e.g. HIV/AIDS, viral hepatitis, tuberculosis)	<input type="checkbox"/>
k) Addiction to tobacco, alcohol or drugs	<input type="checkbox"/>
l) Prefer not to answer	88 <input type="checkbox"/>

CONTINUE

Q27. Please indicate your gender.

Woman	1 <input type="checkbox"/>
Man	2 <input type="checkbox"/>
Prefer not to answer	88 <input type="checkbox"/>

**CONTINUE**

Q28. What is your age group?

18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years or older
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Prefer not to answer	88 <input type="checkbox"/>					

**CONTINUE**

Q29. You currently reside in which province or territory?

Alberta	1 <input type="checkbox"/>
British Columbia	2 <input type="checkbox"/>
Manitoba	3 <input type="checkbox"/>
New Brunswick	4 <input type="checkbox"/>
Newfoundland and Labrador	5 <input type="checkbox"/>
Nova Scotia	6 <input type="checkbox"/>
Nunavut	7 <input type="checkbox"/>
Northwest Territories	8 <input type="checkbox"/>
Ontario	9 <input type="checkbox"/>
Prince Edward Island	10 <input type="checkbox"/>
Quebec	11 <input type="checkbox"/>
Saskatchewan	12 <input type="checkbox"/>
Yukon	13 <input type="checkbox"/>

**CONTINUE**

Q30. What is your current primary occupation?

Full-time worker (35 hours/week or more)	1 <input type="checkbox"/>	<b>CONTINUE</b>
Part-time worker (less than 35 hours/week)	2 <input type="checkbox"/>	
Student	3 <input type="checkbox"/>	<b>GO TO Q32</b>
Looking for work	4 <input type="checkbox"/>	
At home full-time	5 <input type="checkbox"/>	
Retired	6 <input type="checkbox"/>	
Other	7 <input type="checkbox"/>	
Prefer not to answer	88 <input type="checkbox"/>	

Q31. Are you a health professional?

Yes	1 <input type="checkbox"/>
No	0 <input type="checkbox"/>

**CONTINUE**

Q32. Including yourself, how many adults and children (under 18 years of age) usually live in your primary residence?

Number of adults: \_\_\_\_\_ (possible values: 1 to 8)

Prefer not to answer 88

Number of children under the age of 18: \_\_\_\_\_ (possible values: 1 to 20)

Prefer not to answer 88

**CONTINUE**

Q33. What language(s) did you first learn at home when you were a child and that you still understand?

French	1 <input type="checkbox"/>
English	2 <input type="checkbox"/>
Other	3 <input type="checkbox"/>
French and English	4 <input type="checkbox"/>
French and other	5 <input type="checkbox"/>
English and other	6 <input type="checkbox"/>
Prefer not to answer	88 <input type="checkbox"/>

**CONTINUE**

