APPENDIX 1: Technology Use Survey

I. Electronic Devices

Do you own either a Smartphone (e.g., LG, Android, iPhone), Flip phone, Laptop/Computer, or iPad/Tablet?

- o Yes
- 0 No If no, skip to end.

What type of cell phone do you have?

- O Flip phone If flip phone, skip to Section III Interest in Technology.
- o Smartphone (e.g., LG, Android, iPhone)
- O I don't have a cell phone but I have a laptop/computer or iPad/tablet

II. Use of Technology

What kinds of electronic devices do you have and how often do you use them?

(Mark only one oval per row)

		Yes:								
		every	few times	once a	once a	less than	never use			
	No	day	a week	week	month	once a month	it			
iPhone	0	0	0	0	0	0	0			
Android	\bigcirc	\bigcirc		\bigcirc	\bigcirc		iO.			
Laptop or	\bigcirc		\sim			\sim	\sim			
Computer	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>O</u> .	<u>)</u> .	<u>)</u> .			
iPad or	\circ		\sim	$\overline{\mathbf{O}}$			\circ			
Tablet		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>			

How often do you use them for...

(Mark only one oval per row)

	Every day	Few times a week	Once a week	Few times a month	Almost never	Never
Calling	Ó	0.	<u>O</u> ,	0	0	0
Texting	\bigcirc	<u>O</u> .	\bigcirc	\bigcirc	\circ	0
Music	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	O.
Social media (e.g., Facebook, Snapchat,Twitter, Instagram)					\bigcirc	0
Internet (e.g., Google, Internet Explorer, Firefox)	0	0	0	0	\bigcirc	10
Explorer, Firelox) Email Games I play alone Games I play with others Reading books News/current events Calendar/appointment book Calculator Weather Clock/alarm	00000000000	000000000	0000000000	0000000000	000000000	000000000

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Personal assistant (e.g., Siri,	\bigcirc			\bigcirc		
Cortana, Google) Notepad/memos Food/nutrition	00		000		000	000
Fitness	<u>O</u>	$O_{}$	0	$O_{}$	О.	0.
Physical symptom monitoring (e.g., blood pressure or insulin level)						Ю.
Mental health symptom monitoring (e.g., mood or anxiety)					\bigcirc	О
Mood management Anxiety/stress management			000		000	000
Cognitive Behavioral therapy (CBT) Dialectical Behavior Therapy (DBT)	0	0	0	0	0	000
Meditation		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Relaxation	\bigcirc			\bigcirc	\bigcirc	0
Sleep	\bigcirc	\bigcirc	\bigcirc	\bigcirc		0

Which features/apps help to support your recovery? *Mark only one oval per row.*

	Yes	Yes but would like to learn how to use it more	No	No, but I would like to learn how to use it
Phone	0	O ₁	<u> </u>	O
Text	\bigcirc	Ö.	\bigcirc	<u>O</u> ,
Music	\bigcirc	O.	\bigcirc	Ю.
Social media (e.g., Facebook, Snapchat, Twitter, Instagram)		Ö		Ö,
Internet (e.g., Google, Internet Explorer, Firefox)		\circ		Ö
Email	\bigcirc	<u>O</u> .	\bigcirc	·O
Maps/navigation	0000000000000	000000000000000000000000000000000000000	000000000000	0,0,0,0,0,0,0,0,0,0,0
Games I play alone	\bigcirc	\bigcirc	\circ	\bigcirc
Games I play with others	\bigcirc	\bigcirc	\bigcirc	0
Reading books	\bigcirc	O.	\bigcirc	0
News/current events	\bigcirc	<u>O</u> .	iO.	i O
Calendar/appointment book	\bigcirc	O,	\bigcirc	iO ₂
Calculator	O,	<u>O</u> .	O.	O.
Weather	O.	<u>O</u> .	O.	<u>O</u> .
Clock/alarm	Ö,	<u>O</u> .	O.	O.
Notepad/memos	O.	<u>O</u> .	0.	<u>O</u> .
Food/nutrition	Q.	<u>O</u> .	0.	O.
Fitness	O.	<u>O</u> .	О.	О.
Physical symptom monitoring	\circ	0		O
(e.g., blood pressure or insulin level)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Mental health symptom monitoring (e.g., mood or		· O.		iO.
anxiety)				
Mood management				
Anxiety/stress management	Ö	Ō	Ō	Ō
Cognitive Behavioral therapy				\sim
(CBT)	<u>)</u> .	O,	<u>)</u>	<u>)</u>
Dialectical Behavior Therapy	0	0	0	

(DDT)						ļ
(DBT) Medita	tion	100				
Relaxat		Ö	Ö	Ö	Ö	
Sleep		O	O	O	O	
	asy is it to figure out only one oval. Very easy Easy Sometimes easy/so Hard Very hard	•	ow a new app or o	electronic device	works?	

When you don't know how to do something on your device, what are you most likely to do? *Mark only one oval.*

- 0 Nothing
- O Get help from family or friends
- O Ask my clinician/case manager
- O Ask my mobile service provider (e.g., Verizon, Sprint, etc.)
- O Go to the place where I purchased the device (e.g., Best Buy, Walmart, etc.)
- O Research it online (e.g., "Google it")

How comfortable do you feel doing this?

Mark only one oval.

Triank only one o	vai.										
	1	2	3	4	5	6	7	8	9	10	
Very Uncomfortable	0	0	0	0	0	0	0	0	0	0	Very Comfortable

III. Interest in Technology

Does your care manager or mentor ever talk with you about using technology to support your recovery? *Mark only one oval.*

	1	2	3	4	5	6	7	8	9	10	
No, never		0.	0								Yes, at every visit

What is your interest in trying new technologies?

Mark only one oval.

- O Very interested, would definitely try new apps/technology
- O Somewhat interested, would probably try new apps/technology
- O Unsure, may or may not try new apps/technology
- O Not interested, would probably not try new apps/technology

If there was a staff member here at the clinic who was supposed to help people with their electronic devices, would you to go that staff member for help with your devices?

Mark only one oval.

- o Yes, definitely
- o Probably
- 0 Maybe/maybe not
- O Probably not
- O No, definitely not