Appendix A

Questionnaire on users' characterization

I - Demographics
1-Identification number: _____
2-Your age (in years): _____
3- Ethnicity self-declaration: () white () brown () black () indigenous () yellow
4-Religion: _____
5-Education degree: _____
6-Origin: _____
7-Gestational age, based on the last menstrual period or ultrasonography (weeks):_____
8-Marital status: () married-cohabitant () single () other_____
9- Occupation: _____

II- Health history
1-How many births have you had? ( ) none ( ) 1 ( ) 2 ( ) 3 ( ) 4
2-If you already had, how was your experience? ( ) positive / good ( ) negative / bad ( ) neither positive nor negative
3-Have you performed any Birth Plan before? ( ) Yes ( ) No
3.1- If yes, how was your experience in carrying out the Birth Plan?
_____

III- Technology experience
1-Do you own a cell phone? ( ) Yes ( ) No
1.2 – If yes, which its operating system: ( ) IOS ( ) Android
2-Do you have Internet accessible on your cell phone? ( ) yes ( ) no
3-Which application do you most access on your cellphone? ( ) none ( ) Whatsapp ( ) Facebook ( ) Instagram ( ) Games ( ) other: _____
4-What is your daily cellphone usage time, considering average? ( ) less than 1 h ( ) between 1 and 3 hs ( ) between 3 and 5 h ( ) more than 5 h
5-Have ever used any health-related application? ( ) Yes ( ) No
5.1-iiIf yes, which ones? _____