

Supplementary Material 1

iThermonitor Enrollment Questionnaire

Study ID: _____

Date: _____

There are three sections in this form – A, B and C. Section A contains questions about your child. Sections B and C contains questions for the caregiver.

Section A: Child-specific information

Please answer the following questions about your child.

1. What is your child's age? _____(Years) or _____(Months)

2. What is your child's gender?

(Circle the number of your answer.)

1 Male

2 Female

3. Is your child Hispanic or Latino?

(Circle the number of your answer.)

1 Yes

2 No

4. Which one or more of the following would you say is your child's race?

(Circle the number of your answers, more than one may apply.)

1 American Indian or Alaska Native

2 Asian

3 Black or African American

4 Native Hawaiian or other Pacific Islander

5 White

6 Other, please specify: _____

Section B: Caregiver-specific information

Please answer the following questions about yourself.

1. What is your age? _____ *(Write in number of years.)*

2. What is your gender?

(Circle the number of your answer.)

1 Male

2 Female

3. What is your marital status?

(Circle the number of your answer.)

1 Married

2 Living with partner

3 Divorced or separated

4 Widowed

5 Single, never been married

5. What is the highest grade at school or years in college that you have completed?

(Circle the number of your answer.)

1 1st – 8th grade

2 9th – 11th grade

3 12th grade, completed high school, or GED

4 1 to 3 years of college

5 4 or more years of college

6. Are you Hispanic or Latino?

(Circle the number of your answer.)

1 Yes

2 No

7. Which one or more of the following would you say is your race?

(Circle the number of your answers, more than one may apply.)

1 American Indian or Alaska Native

2 Asian

3 Black or African American

4 Native Hawaiian or other Pacific Islander

5 White

6 Other, please specify: _____

8. What is your current employment status?

(Circle the number of your answer.)

1 Employed full-time (includes self-employment)

2 Employed part-time (includes self-employment)

3 Unemployed

4 Homemaker

5 Student

6 Retired

7 Disabled

8 Other, please specify: _____

Section C: Technology Ownership and Use

1. Do you ever go online to access the Internet or World Wide Web, or to send and receive email? *(Circle the number of your answer.)*

1 Yes

2 No [skip to question 4]

2. When you use the Internet, do you access it through...

(For each item, please circle the number for your answer.

You may answer "YES" to more than one question.)

	Yes	No
a. A regular dial-up telephone line.	1	2
b. Broadband such as DSL, cable or FiOS.	1	2
c. A cellular network (e.g., smartphone, 3G/4G)	1	2
d. A wireless network (Wi-Fi)	1	2

3. Have you ever used the Internet to do any of the following things?

(For each item, please circle the number for your answer.)

	Yes	No
a. Send or receive email.	1	2
b. Send or receive instant messages or chat online.	1	2
c. Upload pictures to share with others.	1	2
e. Look for health or medical information online.	1	2
f. Track weight, diet or exercise routine.	1	2
g. Track any other health indicators like blood pressure, sleep patterns, headaches, etc.	1	2

h. Check your bank account balance or do any online banking.	1	2
i. Use a social networking service like Facebook or MySpace.	1	2

4. Do you have any of the following devices?

(For each item, please circle the number for your answer.)

	Yes	No
a. A landline telephone.	1	2
b. A desktop computer.	1	2
c. A laptop computer or netbook.	1	2
d. A tablet computer like an iPad.	1	2

5. Have you ever used your cell phone or smartphone to do any of the following things?

(For each item, please circle the number for your answer.)

	Yes	No
a. Send or receive email.	1	2
b. Send or receive text messages.	1	2
c. Take a picture to share with others.	1	2
d. Access the Internet.	1	2
e. Look for health or medical information online.	1	2

f. Track weight, diet or exercise routine.	1	2
g. Track any other health indicators like blood pressure, sleep patterns, headaches, etc.	1	2
h. Check your bank account balance or do any online banking.	1	2
i. Use a social networking service like Facebook or MySpace.	1	2

6. How much do you agree or disagree with each of the following statements?
(For each item, please circle the number for your answer.)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I am willing to try new technology.	1	2	3	4
b. I plan to make greater use of technology in the future to manage my health.	1	2	3	4
c. I generally feel confident using new technology.	1	2	3	4
d. I generally feel confident that I can use new technology to manage my medical condition.	1	2	3	4
e. I worry about security issues of sending health information by the Internet.	1	2	3	4
f. It is easy for me to follow instructions and set up new technology.	1	2	3	4

g. I have no difficulty setting up computers or Internet modems.	1	2	3	4
h. Learning how to use new technology is easy for me.	1	2	3	4
i. New technology can be useful in keeping me healthy.	1	2	3	4
j. I find using new technology to be a waste of time.	1	2	3	4