Nutritional Awareness Through Assistive Technology - Interview 1

All information which is collected during the research will be kept strictly confidential and will not be publicly shared. Participants should note that data collected

from this project may be retained and published in an anonymized form. By agreeing to participate in this project, you are consenting to the retention and publication of data.

You

are being invited to take part in a research study. You are being invited to answer the following questions, it is important for you to read carefully the following questions before you answer.

You

have the right to withdraw at any time from this research study interview

* Required

1.	Age *
	Mark only one oval.
	18-24
	25-39
	40-59
	<u>60+</u>

Demographic

2. Highest Level of Study *

Mark only one oval.

Secondary School (MQF 3)

Post Secondary School (MQF 4)

Diploma (MQF 5)

Degree (MQF 6)

Masters (MQF 7)

PHD (MQF 8)

Technological Literacy

3.	Are you capable of downloading an application from the respective app store of your device?	*
	Mark only one oval.	
	Yes	
	◯ No	
4.	Favourite type of Device to use *	
	Check all that apply.	
	PC / Computer	
	Laptop	
	Phone Tablet	
5.	Application Access Preference *	
	Mark only one oval.	
	Download Application	
	Access through the Web	
	Other:	

6. General Application Fluency *

Mark only one oval.

	Low
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

7. Do you use any application to track Dietary Intake? *

Mark only one oval.

High

Yes Skip to question 8

No Skip to question 10

Skip to question 10

Applications

Check all that apply. MyFitnessPal MyPlate Calorie Counter PlateJoy Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No	MyFitnessPal MyPlate Calorie Counter PlateJoy Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: What do you find useful about that application? * Health Health Health Yes No No No No No No	8.	Do you use any applications to track Dietary Intake? *
MyPlate Calorie Counter PlateJoy Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: What do you find useful about that application? * Health Health Health Health Yes Yes Yes Yes Yes Yes Health Health Health Yes Yes Yes Yes Health Health Health Health Yes Yes Yes Health Health Health Yes Yes Yes Health Health Health Yes Yes Yes Health Health Health Health Health Yes Yes Yes Health Health	MyPlate Calorie Counter PlateJoy Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: Other: Health Health Health Do you have any Dietary Limits? * Mark only one oval. Yes No		Check all that apply.
PlateJoy Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes	□ PlateJoy □ Lifesum: Healthy Eating □ Ate Food Journal □ MyNet Diary Calorie Counter □ Spokin □ YAZIO □ Other: □ Other: □ Health 10. Do you have any Dietary Limits? * Mark only one oval. □ Yes □ No 11. Do you partake in any Physical Activity? * Mark only one oval.		MyFitnessPal
Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes	Lifesum: Healthy Eating Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No 11. Do you partake in any Physical Activity? * Mark only one oval.		MyPlate Calorie Counter
Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes	Ate Food Journal MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No 11. Do you partake in any Physical Activity? * Mark only one oval.		PlateJoy
MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application?* Health 10. Do you have any Dietary Limits?* Mark only one oval. Yes	MyNet Diary Calorie Counter Spokin YAZIO Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No 11. Do you partake in any Physical Activity? * Mark only one oval.		Lifesum: Healthy Eating
Spokin YAZIO Other: 9. What do you find useful about that application?* Health 10. Do you have any Dietary Limits?* Mark only one oval. Yes	Spokin YAZIO Other: 9. What do you find useful about that application?* Health 10. Do you have any Dietary Limits?* Mark only one oval. Yes No No 11. Do you partake in any Physical Activity?* Mark only one oval.		Ate Food Journal
 □ Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. □ Yes 	Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No 11. Do you partake in any Physical Activity? * Mark only one oval.		MyNet Diary Calorie Counter
Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes	Other: 9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No No 11. Do you partake in any Physical Activity? * Mark only one oval.		Spokin
9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes	9. What do you find useful about that application? * Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No No 11. Do you partake in any Physical Activity? * Mark only one oval.		YAZIO
Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes	Health 10. Do you have any Dietary Limits? * Mark only one oval. Yes No 11. Do you partake in any Physical Activity? * Mark only one oval.		Other:
Mark only one oval. Yes	Mark only one oval. Yes No No Do you partake in any Physical Activity? * Mark only one oval.	9.	
Mark only one oval. Yes	Mark only one oval. Yes No No Do you partake in any Physical Activity? * Mark only one oval.	10.	Do vou have any Dietary Limits? *
Yes	Yes No No 11. Do you partake in any Physical Activity? * Mark only one oval.		
	No 11. Do you partake in any Physical Activity? * Mark only one oval.		wark only one oval.
No	11. Do you partake in any Physical Activity? * Mark only one oval.		Yes
	Mark only one oval.		No
11. Do you partake in any Physical Activity? *		11.	Do you partake in any Physical Activity? *
Mark only one oval.			Mark only one oval.
Yes	()Yes		Ves
	No		

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