(I) **Introduction**

  (1) We care about the quality of our data. In order for us to get the most accurate measures of your knowledge and opinions, it is important that you thoughtfully provide your best answers to each question in this study. Will you provide your best answers to each question in this study?

    (i) I will provide my best answers.

    (ii) I will not provide my best answers.

    (iii) I can not promise either way.

(II) **Background**

  Note: Please answer the questions in this questionnaire as they pertain to your primary smartphone and your practices during typical (i.e., NON-COVID) times.

  (1) What is the Operating System (OS) of your phone?

    (a) Android

    (b) iOS

    (c) Other. (Please specify:) [text box]

  (2) Does your device use any type of lock (e.g., PIN, password, pattern, fingerprint, faceID, etc.)?

    (i) Yes

    (ii) No

    (iii) Don't know

  (3) If 'Yes' is selected for previous question- "Does your device use any type of lock (e.g., PIN, password, pattern, fingerprint, faceID, etc.)?" then ask- Who other than you can unlock your device? (Select all that apply.)

    (i) Parents

    (ii) Spouse

    (iii) Siblings

    (iv) Friends

    (v) Children older than 13

    (vi) Other family members

    (vii) Colleagues

    (viii) Other. (Please specify:) [text box]

  (4) If 'Android' is selected for question- "What is the Operating System (OS) of your phone?" then ask- What settings have you enabled for lock screen notifications?

    (i) Show All

    (ii) Hide Sensitive

    (iii) Hide All

    (iv) I don't know

  (5) If 'iOS' is selected for question- "What is the Operating System (OS) of your phone?" then ask- What option have you enabled for notification previews?

    (i) Always

    (ii) When unlocked

    (iii) Never

    (iv) I don't know

(6) If 'iOS' is selected for question- "What is the Operating System (OS) of your phone?" then ask- For the most frequently used app in each of the following categories, what option have you enabled for 'Show Previews'? [Choose one from the options: Always, When unlocked, Never, Notification disabled, I don't know, N/A]

   (i) Instant messaging
   (ii) Social media
   (iii) Calendar
   (iv) E-mail
   (v) Banking and payments
   (vi) Work based or professional purposes
   (vii) Travel and navigation
   (viii) Health and fitness
   (ix) Dating

(III) **Notifications and smartphone features**

(1) How many notifications have you received in the last hour? NOTE: Include all types of notifications (i.e. app icon badges, notification center, lock screen, and banners).

   (i) 0
   (ii) 1 to 9
   (iii) 10 to 19
   (iv) 20 to 29
   (v) 30 or more

(2) On a typical day, how frequently do you pick up your phone to check, clear, or address notifications?

   (i) Once in about 5 minutes
   (ii) Once in about 15 minutes
   (iii) Once in about 30 minutes
   (iv) Once in about 1 hour
   (v) Once in about 3 hours
   (vi) Once in about 6 hours
   (vii) Once in about 12 hours
   (viii) Once in about 24 hours
   (ix) Whenever a notification is delivered
   (x) Something else. (Please specify:) [text box]

(3) Does your screen wake up when a notification is delivered?

   (i) Never
   (ii) Sometimes
   (iii) About half the time
   (iv) Most of the time
   (v) Always
   (vi) Do not know

(4) For each of the following actions, mention how many hours in a typical day (from 0 to 24) you use it.

   (i) Use Do Not Disturb (DND) Mode [a list of numbers from 0 to 24]
   (ii) Use Silent mode [a list of numbers from 0 to 24]

  (iii) Switch off the device [a list of numbers from 0 to 24]

  (iv) Use Airplane mode [a list of numbers from 0 to 24]

  (v) Use notification management apps [a list of numbers from 0 to 24]

 (5) Mention the most frequently used Google service or product on your primary smartphone device. To ensure that you are participating attentively, please select the 'Translate' option. [Attention Check Question]

  (i) Docs

  (ii) Hangouts

  (iii) Maps

  (iv) Photos

  (v) Scholar

  (vi) Sheets

  (vii) Slides

  (viii) Translate

  (ix) Other. (Please mention:) [Text Box]

 (6) Please explain your reasons for the answers to the previous question. (Optional) [an essay type text box]

(IV) **Device sharing behaviour**

 (1) How frequently can someone else view notifications on your phone in any of the following places? (Choose one from the scale: Never, Few times a month, Few times a week, Once a day, Few times a day)

  (i) Home

  (ii) Public Transport

  (iii) Cafeterias and restaurants

  (iv) Meetings

  (v) Seminars and presentations

  (vi) Stores and markets

  (vii) Classes

  (viii) Others. (Please specify:) [text box]

 (2) How frequently do you share your phone with the following people? (Choose one from the scale: Never, Less than once a week, Few times a week, Multiple times a week, Once a day, Few times a day, Multiple times a day and N/A.)

  (i) Spouse

  (ii) Siblings

  (iii) Parents

  (iv) Children older than 13

  (v) Friends

  (vi) Other family members

  (vii) Colleagues

  (viii) Strangers

 (3) Please explain your reasons for the answers to the previous question. (Optional) [Text Box]

 (4) When you hand over your smartphone to someone else, which of the following actions do you take? (Select all that apply.)

  (i) Nothing

(ii) Close running applications

(iii) Clear notifications

(iv) Enable guest mode or second space

(v) Enable app locks

(vi) Change accessibility settings

(vii) Watch over the other person's use of the phone

(viii) Check all the applications used by the person

(ix) Other. (Please specify:)[text box]

(5) If 'Clear notifications' is selected in previous question, "When you hand over your smartphone to someone else, which of the following actions do you take?", then ask- Do you clear notifications from screen before handing over your phone to the following people? (Choose one from the scale: Never, Rarely, Sometimes, Always and N/A.)

(i) Spouse

(ii) Siblings

(iii) Parents

(iv) Children older than 13

(v) Friends

(vi) Other family members

(vii) Colleagues

(viii) Strangers

(V) **Last Notification**

Think about the latest notification that you received on your smartphone. Please answer the following questions with respect to that notification.

(1) Which app sent the notification? [Text Box]

(2) If 'Android' is selected for question, "What Operating System (OS) is used by your phone?", then ask- How do you receive notifications from this app? (Select all that apply.)

(i) Lock Screen

(ii) Notification drawer

(iii) Floating notification

(iv) App Badge

(v) Do not know

(vi) Other. (Please specify:) [Text Box]

(3) If 'iOS' is selected for question, "What Operating System (OS) is used by your phone?", then ask- How do you receive notifications from this app? (Select all that apply.)

(i) Lock Screen

(ii) Notification center

(iii) Banner (permanently)

(iv) Banner (temporarily)

(v) App Badge

(vi) Do not know

(vii) Other. (Please specify:) [Text Box]

23

(4) How quickly did you address the notification after you first saw it?

   (i) within a minute

   (ii) within 5 minute

   (iii) within 30 minute

   (iv) within an hour

   (v) within 6 hours

   (vi) within 12 hours

   (vii) within 24 hours

   (viii) Other. (Please specify:) [Text box]

(5) What action did you take when you first became aware that you had received this notification?

   (i) Read the notification preview (title)

   (ii) Read the notification content

   (iii) Cleared it from the phone lock screen

   (iv) Cleared it from the notification center/ drawer

   (v) Opened the relevant app to address the notification

   (vi) Did not do anything

   (vii) Prevented further notifications from the app (Please tell us how:) [Text box]

   (viii) Other. (Please specify:) [Text box]

(6) How concerned would you be if someone else viewed this notification? [Choose from a 5-point Likert Scale ranging from Extremely concerned to Completely unconcerned]

(7) Please explain your reasons for the answers to the previous question. (Optional) [Text Box]

(8) Did this notification include information pertaining to another person?

   (i) Yes

   (ii) No

   (iii) Other. (Please specify:) [Text box]

(9) If 'Yes' is selected for previous question, "Did this notification include information pertaining to another person?", then ask- How concerned do you think the person would be if the content of the notification was seen by someone other than you? [Choose from a 5-point Likert Scale ranging from Extremely concerned to Extremely unconcerned]

(VI) **Negative Experience with Notifications**

(1) How many times have you experienced negative experiences related to notifications?

   (i) 0

   (ii) 1-2

   (iii) 3-5

   (iv) 6-10

   (v) 11-20

   (vi) More than 20

(2) Of the negative experiences related to notifications that you have encountered, please tell us a bit about the most negative experience. [text box]

(3) If '0' is not selected in previous question, "How many times have you experienced negative experiences related to notifications? 0 Is Not Selected", then ask- What caused the negative experience?

(i) I had given my phone to someone else when the notification arrived.

(ii) I left the phone screen unlocked.

(iii) I forgot to take appropriate actions to silence the notification.

(iv) I was screen casting / projecting the device display to others (e.g., in a presentation) when the notification popped up on screen.

(v) The notification included sensitive content. (Please specify:) [Text Box]

(vi) Others. (Please specify:) [Text Box]

(VII) **Content sensitivity for different app categories**

Reminder: Please answer the questions in this questionnaire as they pertain to your primary smartphone and your practices during typical (i.e., NON-COVID) times.

(1) How concerned would you be if a family member reads the content of a notification from each of the app categories listed below? [Choose from a 5-point Likert Scale ranging from Extremely concerned to Extremely unconcerned or N/A.]

(i) Instant messaging

(ii) Social media

(iii) Calendar

(iv) E-mail

(v) Banking and payments

(vi) Health and fitness

(vii) Dating

(2) Please explain your reasons for the answers to the previous question. (Optional) [Text Box]

(3) How concerned would you be if a colleague reads the content of a notification from each of the listed app category? [Choose from a 5-point Likert Scale ranging from Extremely concerned to Extremely unconcerned or N/A.]

(i) Instant messaging

(ii) Social media

(iii) Calendar

(iv) E-mail

(v) Banking and payments

(vi) Health and fitness

(vii) Dating

(4) Please explain your reasons for the answers to the previous question. (Optional) [Text Box]

(5) Mention the most frequently used Google product. To ensure that you are participating attentively, please select the 'Translate' option. [Attention check question]

(i) Docs

(ii) Hangouts

(iii) Maps

(iv) Photos

(v) Scholar

(vi) Sheets

(vii) Slides

(viii) Translate

(ix) Other. (Please mention:) [Text Box]

(6) Have you enabled additional locking (e.g., PIN, password, etc.) for any of the following categories of apps? (Select all that apply.) NOTE: We are asking about locking that you enabled on your own, separate from the screen lock for the device or a mandatory lock/login forced by the app.

(i) Instant messaging

(ii) Social media

(iii) Calendar

(iv) E-mail

(v) Banking and payments

(vi) Health and fitness

(vii) Dating

(viii) Apps for work

(ix) Travel and navigation

(x) None

(VIII) **Measuring mobile users' concerns for information privacy** [42]

(1) Please indicate your level of agreement with the following statements: [Choose one option from 7 point Likert-Scale ranging from Strongly Agree to Strongly Disagree.]

(i) I believe that the location of my mobile device is monitored at least part of the time.

(ii) I am concerned that mobile apps are collecting too much information about me.

(iii) I am concerned that mobile apps may monitor my activities on my mobile device.

(iv) I feel that, as a result of my using mobile apps, others know about me more than I am comfortable with.

(v) I should select somewhat agree for this question. [attention check question]

(vi) I believe that, as a result of my using mobile apps, information about me that I consider private is now more readily available to others than I would want.

(vii) I feel that, as a result of my using mobile apps, information about me is out there that, if used, will invade my privacy.

(IX) **Technical Efficacy** [5]

(1) Please indicate your level of agreement with the following statements: [Choose one option from: Never, Rarely, Sometimes, Always and N/A.]

(i) In general, I often have difficulty when using my smartphone, apps, websites, or computer programs.

(ii) In general, I am not able to solve questions or problems on my own when using my smartphone, apps, websites, or computer programs.

(iii) In general, I need support when trying out something new on my smartphone or computer.

(iv) In general, I find it hard to adjust settings of my smartphone, apps, websites, or computer programs (for example, privacy or safety settings).

(v) In general, I often have questions or problems when using my smartphone, apps, websites or computer programs after an update has been done.

(X) **Demographics**

Finally, please tell us a bit about yourself:

(1) What is your year of birth? [a list of years from 2010 to 1920]

(2) What is your gender?

   (i) Male

  (ii) Female

 (iii) Non-binary

 (iv) Prefer to self-describe: [Text Box]

  (v) Prefer not to disclose

(3) What is your ethnic background? (Select all that apply.)

   (i) American Indian or Native American

  (ii) Asian

 (iii) Black or African American

 (iv) Native Hawaiian or Pacific Islander

  (v) White

 (vi) Hispanic

(vii) Other. (Please specify:) [Text Box]

(viii) Prefer not to say

(4) What is the highest level of education you have completed?

   (i) Less than high school

  (ii) High school diploma

 (iii) Vocational training

 (iv) Some college

  (v) College graduate (B.S., B.A., or other 4 year degree)

 (vi) Master's degree

(vii) Doctoral degree

(viii) Professional degree after college (e.g., law or medical school)

 (ix) Other. (Please specify:) [Text Box]

  (x) Prefer not to say

(5) What is your current employment status? (Select all that apply.)

   (i) Employed full time

  (ii) Employed part time

 (iii) Unemployed looking for work

 (iv) Unemployed not looking for work

  (v) Homemaker

 (vi) Student

(vii) Retired

(viii) Disabled

 (ix) Other. Please specify: [Text Box]

  (x) Prefer not to say

(6) If 'Employed full time' or 'Employed part time' or 'Unemployed looking for work' is selected for question "What is your current employment status?", then ask- What is your current employment status? What is your profession? [Text Box]

(7) If 'Student' is selected for question "What is your current employment status?" then ask- What is your field of study? [Text Box]

(8) What is your current annual household income before taxes?

   (i) Less than $10,000

   (ii) $10,000 to $19,999

   (iii) $20,000 to $29,999

   (iv) $30,000 to $39,999

   (v) $40,000 to $49,999

   (vi) $50,000 to $59,999

   (vii) $60,000 to $69,999

   (viii) $70,000 to $79,999

   (ix) $80,000 to $89,999

   (x) $90,000 to $99,999

   (xi) More than $100,000

   (xii) Prefer not to disclose

(9) How many years have you lived in the United States of America? [List of numbers from 1 to 10 and the option- 'More than 10 or All my life']

(10) Including yourself, how many people live in your household? [List of numbers from 1 to 10 and the option- 'More than 10']

(11) What is your current marital status?

   (i) Married

   (ii) Widowed

   (iii) Divorced

   (iv) Separated

   (v) Never Married

   (vi) Prefer not to disclose

   (vii) Other. (Please specify:) [Text Box]

(XI) **Closing**

(1) Is there anything else you would like to tell us? [Text Box]