Q1. H	ow lik	ely is it that you will use a w	earable device in the future?
0	l wil	I purchase one and give it a t	ry on my own
0	l wil	I use one only if my physicia	n or other healthcare providers recommends
0	l wil	I use one only if my family m	embers or close friends recommend
0	l wil	l use one only if I don't have	to pay for it
0/	l wil	I never use one (may be	
		ng do you think you will use	
0	l wil	I never use one (nught) I use one for about a week)
			× ·
		l use one for about two wee	
		I use one for about 1-2 mon	85 025
0	l wil	I use one for at least 6 mont	hs
or you	ır care	select the measurements that e recipients. (Choose all that art rate mber of steps	at are important for managing symptoms and health conditions for you apply) □ Number of hours slept □ % of deep sleep
Ī		ensity of exercise	☐ Blood pressure
Ī		ories burned	□ Blood glucose level
		ygen saturation level	☐ Other (Please specify):
		, O	The second of the second
	- 2		earable device? (Choose all that apply).
	Cor		☐ Technical issues
		getting to wear	Battery life
		ving to learn to use	☐ Privacy
L	ווט ב	ner (Please specify):	
05. W	hat d	o vou think "data-driven hea	alth care" means? (Choose all that apply)
			rtphones and other smart devices to better care for and manage an
		vidual's own health condition	,
			rtphones and other smart devices to share with family members,
			ormation and knowledge exchange
			rtphones and other smart devices to share with physicians and other
		thcare providers for approp	•
			rtphones and other smart devices for developing appropriate public
		th programs and initiatives	
V	Oth	er (please specify):	
Q6. C5	an we	follow up with you for futur	e studies such as an interview or focus group?
6	No		
0	Yes	2	
	(o Please tell us how we car	n reach you.
	.(o NAME:	
	(o PHONE:	
		o EMAIL:	
	(Other:	

Q1. How likely is it that you will use a wearable device in the future? Very I will purchase one and give it a try on my own I will use one only if my physician or other healthcare providers recommends I will use one only if my family members or close friends recommend I will use one only if I don't have to pay for it I will never use one
Q2. How long do you think you will use a wearable device? I will never use one I will use one for about a week I will use one for about two weeks I will use one for about 1-2 months I will use one for at least 6 months
Q3. Please select the measurements that are important for managing symptoms and health conditions for you or your care recipients. (Choose all that apply) ☐ Heart rate ☐ Number of hours slept ☐ Number of steps ☐ Intensity of exercise ☐ Calories burned ☐ Oxygen saturation level ☐ Other (Please specify):
Q4. What concerns you about using a wearable device? (Choose all that apply). Comfort Forgetting to wear Battery life Having to learn to use Other (Please specify):
 Q5. What do you think "data-driven health care" means? (Choose all that apply) □ Collecting health data using smartphones and other smart devices to better care for and manage an individual's own health conditions □ Collecting health data using smartphones and other smart devices to share with family members, friends, and communities for information and knowledge exchange □ Collecting health data using smartphones and other smart devices to share with physicians and other healthcare providers for appropriate care □ Collecting health data using smartphones and other smart devices for developing appropriate public health programs and initiatives □ Other (please specify):
Q6. Can we follow up with you for future studies such as an interview or focus group? O No Yes
o Please tell us how we can reach you. o NAME: BRID Get. A. GRANT o PHONE: 519, 836-5213. o EMAIL: bridgeta grante 9 mail. com. o Other: N/A.

o I will purcha o I will use on o I will use on	ise one and give it a try e only if my physician e only if my family me e only if I don't have to	or other healthcare providers recommends mbers or close friends recommend
I will neverI will use onI will use onI will use on	ou think you will use a use one e for about a week e for about two weeks e for about 1-2 month e for at least 6 months	s is
	ents. (Choose all that a [steps [f exercise [urned [are important for managing symptoms and health conditions for you pply) Number of hours slept Solve Blood pressure Blood glucose level Other (Please specify):
☑ Comfort ☐ Forgetting ☐ Having to I	to wear [arable device? (Choose all that apply). ☑ Technical issues ☑ Battery life ☑ Privacy
✓ Collecting h individual's ☐ Collecting h friends, and ☐ Collecting h healthcare ☐ Collecting h	ealth data using smart own health conditions ealth data using smart communities for infor ealth data using smart providers for appropria ealth data using smart rams and initiatives	tphones and other smart devices to share with family members, rmation and knowledge exchange tphones and other smart devices to share with physicians and other
	se tell us how we can i IE: NE: NIL:	studies such as an interview or focus group? reach you.

	ry on my own n or other healthcare providers recommends embers or close friends recommend
Q2. How long do you think you will use a ○ I will never use one ○ I will use one for about a week ○ I will use one for about two wee ○ I will use one for about 1-2 mont ※ I will use one for at least 6 mont	ks :hs
Q3. Please select the measurements that or your care recipients. (Choose all that ☐ Heart rate ☐ Number of steps ☐ Intensity of exercise ☐ Calories burned ☐ Oxygen saturation level	at are important for managing symptoms and health conditions for you apply) Number of hours slept Sof deep sleep Blood pressure Blood glucose level Other (Please specify):
Q4. What concerns you about using a w ☐ Comfort ☐ Forgetting to wear ☐ Having to learn to use ☐ Other (Please specify):	earable device? (Choose all that apply). Technical issues Battery life Privacy
 Collecting health data using sma individual's own health condition Collecting health data using sma friends, and communities for information Collecting health data using sma healthcare providers for appropriate 	rtphones and other smart devices to share with family members, ormation and knowledge exchange rtphones and other smart devices to share with physicians and other
Q6. Can we follow up with you for futur O NO Yes O Please tell us how we can O NAME: RICK CHAMS O PHONE: 519 141 43 O EMAIL: I Chambers O Other: Away From Tan	3 Ñ &
o Other: Away From Jan	-Mar. 2017

o Iwill p	ourchase one and give it a t use one only if my physiciar	n or other healthcare providers recommends embers or close friends recommend
o I will r o I will u o I will u	do you think you will use a lever use one lse one for about a week lse one for about two weel lse one for about 1-2 mont lse one for at least 6 montl	ks :hs
or your care in Hear Num	ecipients. (Choose all that	at are important for managing symptoms and health conditions for you apply) Number of hours slept Solve of deep sleep Blood pressure Blood glucose level Other (Please specify):
☐ Com☐ Forg☐ Havii		earable device? (Choose all that apply). ☐ Technical issues ☐ Battery life ☐ Privacy
Q5. What do Collect individual Collect friend Collect health health	you think "data-driven heat ting health data using sma dual's own health condition ting health data using sma s, and communities for info ting health data using sma dicare providers for appropoliting health data using sma	rtphones and other smart devices to share with family members, ormation and knowledge exchange rtphones and other smart devices to share with physicians and other
		e studies such as an interview or focus group?
No Yes ✓ No No		don't own a smart phone.
0 00	Please tell us how we can NAME: PHONE: EMAIL: Other:	

 Q1. How likely is it that you will use a wearable device in the future? I will purchase one and give it a try on my own I will use one only if my physician or other healthcare providers recommends I will use one only if my family members or close friends recommend I will use one only if I don't have to pay for it I will never use one
Q2. How long do you think you will use a wearable device? I will never use one I will use one for about a week I will use one for about two weeks I will use one for about 1-2 months I will use one for at least 6 months
Q3. Please select the measurements that are important for managing symptoms and health conditions for you or your care recipients. (Choose all that apply) Heart rate Number of hours slept Number of steps Intensity of exercise Calories burned Dynamics Sumptoms and health conditions for you or your care recipients. (Choose all that apply) Blood glucose level Calories burned Dynamics Sumptoms and health conditions for you or your care recipients. (Choose all that apply) Blood glucose level Calories sumptoms and health conditions for you or your care recipients. (Choose all that apply) Choose all that apply) Blood glucose level Calories sumptoms and health conditions for you or your care recipients. (Choose all that apply) Choose all that apply) Conditions for your care recipients. (Choose all that apply) Choose all that apply) Conditions for your care recipients. (Choose all that apply)
Q4. What concerns you about using a wearable device? (Choose all that apply). Comfort Technical issues Forgetting to wear Battery life Having to learn to use Privacy Other (Please specify): DO I NEED ONE, DO I GET OBSESSED WITH THIS + INFORMATION IT GENERATES IF I
O5. What do you think "data-driven health care" means? (Choose all that apply) Collecting health data using smartphones and other smart devices to better care for and manage an individual's own health conditions Collecting health data using smartphones and other smart devices to share with family members, friends, and communities for information and knowledge exchange Collecting health data using smartphones and other smart devices to share with physicians and other healthcare providers for appropriate care Collecting health data using smartphones and other smart devices for developing appropriate public health programs and initiatives Other (please specify):
Q6. Can we follow up with you for future studies such as an interview or focus group? O No Yes O Please tell us how we can reach you. O NAME: SHOBANA RAJAN O PHONE: O EMAIL: Shobana. Yajan @ Sympatico- ca O Other:

I will purchase one anI will use one only if nI will use one only if n	will use a wearable device in the future? Indigive it a try on my own In physician or other healthcare providers recommends In family members or close friends recommend Indianally don't have to pay for it
 I will never use one I will use one for about I will use one for about I will use one for about 	ut two weeks
Q3. Please select the measur or your care recipients. (Choo Heart rate Number of steps Intensity of exercise Calories burned Oxygen saturation le	Number of hours slept Mof deep sleep Blood pressure Blood glucose level
Q4. What concerns you about Comfort Forgetting to wear Having to learn to us Other (Please specification)	se 🗆 Privacy
Collecting health data individual's own heal Collecting health data friends, and commun Collecting health data healthcare providers	a using smartphones and other smart devices to share with family members, ities for information and knowledge exchange a using smartphones and other smart devices to share with physicians and other for appropriate care a using smartphones and other smart devices for developing appropriate public initiatives
o No	ou for future studies such as an interview or focus group?
o NAME: S ↓ ↓ · · · · · · · · · · · · · · · · ·	now we can reach you. Norgen no hosten @ raycen, can
o Other:	

Q1. How likely is it that you will use a we	earable device in the future?
 I will purchase one and give it a t 	a contract of the contract of
	n or other healthcare providers recommends
	embers or close friends recommend
 I will use one only if I don't have 	
.	
o I will never use one o ilmlikely I will cha	ese to use one.
Q2. How long do you think you will use a	
o I will never use one (probag	
 I will use one for about a week 	
 I will use one for about two weel 	ks
o I will use one for about 1-2 mont	
I will use one for at least 6 month	
O	
	at are important for managing symptoms and health conditions for yo
or your care recipients. (Choose all that	
☐ Heart rate	☐ Number of hours slept
	□ % of deep sleep Mos really intersted
☐ Number of steps	D Blood avecause
☐ Intensity of exercise	Blood pressure un any on a
☐ Calories burned	Blood glucose level
☐ Oxygen saturation level	□ Number of hours slept □ % of deep sleep □ Blood pressure □ Blood glucose level □ Other (Please specify): □ Number of hours slept → Mod really intested → any on a → Regular base;
O4 What concerns you shout using a w	correlated devices (Chance all that apply)
Q4. What concerns you about using a w	
Comfort	☐ Technical issues
☐ Forgetting to wear	☐ Battery life
☐ Having to learn to use	Privacy
河 Other (Please specify): <i>QeSl</i>	hetics.
OF What do you think "data driven hea	alth care" means? (Choose all that apply)
individual's own health condition	rtphones and other smart devices to better care for and manage an
-	rtphones and other smart devices to share with family members,
	ormation and knowledge exchange
	rtphones and other smart devices to share with physicians and other
healthcare providers for appropr	
	rtphones and other smart devices for developing appropriate public
health programs and initiatives	
☐ Other (please specify):	
OC Commented to the control of the c	
• •	e studies such as an interview or focus group?
≫ No	
o Yes	
 Please tell us how we car 	i reach you.
o NAME:	
o PHONE:	
o EMAIL:	
o Other:	

		The country of the second section of the country of	try on my own
	•	ourchase one and give it a	an or other healthcare providers recommends
			nembers or close friends recommend
		use one only if I don't have	
		never use one	e to pay for it
•	ı will i	level use one	
		do you think you will use	a wearable device?
\$	∕I will r	never use one	
0	ا will u	use one for about a week	
0	I will u	use one for about two wee	eks
0	ا will u	use one for about 1-2 mon	iths
0	I will u	use one for at least 6 mon	ths
Q3. Pl	lease se	lect the measurements th	at are important for managing symptoms and health conditions for you
		ecipients. (Choose all that	
	Hear	•	☐ Number of hours slept
		ber of steps	% of deep sleep
		sity of exercise	
			☑ Blood glucose level
		en saturation level	The state of the s
	_ 0,76	en saturation rever	_ care (rease speary).
Q4. W	/hat cor	ncerns you about using a v	vearable device? (Choose all that apply).
	☐ Com	fort	☐ Technical issues
			☐ Battery life
	□ Haviı	ng to learn to use	Privacy / //
	☐ Othe	r (Please specify):	Privacy Dat applicable
05. W	/haf do	vou think "data-driven he	alth care" means? (Choose all that apply)
			artphones and other smart devices to better care for and manage an
		dual's own health condition	
			artphones and other smart devices to share with family members,
		_	formation and knowledge exchange
			artphones and other smart devices to share with physicians and other
-		ncare providers for approp	
			artphones and other smart devices for developing appropriate public
		programs and initiatives	arthuring and other omars actions for action him gapping approach
		(please specify):	
		The control page of the state of the control of the	,
	/	ollow up with you for futu	re studies such as an interview or focus group?
8	No		
0	Yes	DI . II I	- L varies
	0	Please tell us how we ca	in reach you.
	0	NAME:	
	0	PHONE:	
	0	EMAIL:	
	0	Other:	