

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 (maybe)

Q2. How long do you think you will use a wearable device?

- ☒ I will never use one (night)
- ☐ 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)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Heart rate | <input type="checkbox"/> Number of hours slept |
| <input checked="" type="checkbox"/> Number of steps | <input checked="" type="checkbox"/> % of deep sleep |
| <input type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Calories burned | <input checked="" type="checkbox"/> Blood glucose level |
| <input type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|--|---|
| <input checked="" type="checkbox"/> Comfort | <input type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> 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?

- ☒ No
- ☐ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ 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)

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| <input checked="" type="checkbox"/> Number of steps | <input checked="" type="checkbox"/> % of deep sleep |
| <input checked="" type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input checked="" type="checkbox"/> Calories burned | <input checked="" type="checkbox"/> Blood glucose level |
| <input checked="" type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|--|--|
| <input checked="" type="checkbox"/> Comfort | <input checked="" type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input checked="" type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> 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
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- ☒ 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?

- ☐ No
- ☒ Yes

- ☐ Please tell us how we can reach you.
- ☐ NAME: BRIDGET A. GRANT
- ☐ PHONE: 519, 836-5213.
- ☐ EMAIL: bridgetagrants@gmail.com.
- ☐ Other: N/A.

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)

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| <input checked="" type="checkbox"/> Heart rate | <input type="checkbox"/> Number of hours slept |
| <input checked="" type="checkbox"/> Number of steps | <input type="checkbox"/> % of deep sleep |
| <input type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input checked="" type="checkbox"/> Calories burned | <input type="checkbox"/> Blood glucose level |
| <input type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

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|--|--|
| <input checked="" type="checkbox"/> Comfort | <input checked="" type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input checked="" type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> 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
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- ☐ 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?

- ☒ No
- ☐ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ NAME:
 - ☐ PHONE:
 - ☐ EMAIL:
 - ☐ Other:

Q1. How likely is it that you will use a wearable device in the future?

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- ☐ 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)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Heart rate | <input type="checkbox"/> Number of hours slept |
| <input checked="" type="checkbox"/> Number of steps | <input type="checkbox"/> % of deep sleep |
| <input type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input checked="" type="checkbox"/> Calories burned | <input type="checkbox"/> Blood glucose level |
| <input type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|--|--|
| <input checked="" type="checkbox"/> Comfort | <input checked="" type="checkbox"/> Technical issues |
| <input checked="" type="checkbox"/> Forgetting to wear | <input checked="" type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> 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
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- ☐ 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?

- ☐ No
- ☒ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ NAME: RICK CHAMBERS
 - ☐ PHONE: 519 747 4386
 - ☐ EMAIL: rchambers411@gmail.com
 - ☐ Other: Away from Jan-Mar. 2017

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)

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| <input checked="" type="checkbox"/> Heart rate | <input checked="" type="checkbox"/> Number of hours slept |
| <input type="checkbox"/> Number of steps | <input checked="" type="checkbox"/> % of deep sleep |
| <input type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Calories burned | <input type="checkbox"/> Blood glucose level |
| <input checked="" type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Comfort | <input type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Other (Please specify): <i>waterproof?</i> | |

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
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- ☒ 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): *to track if wearer is following medical regimen*

Q6. Can we follow up with you for future studies such as an interview or focus group?

- ☒ No
- ☐ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ NAME:
 - ☐ PHONE:
 - ☐ EMAIL:
 - ☐ Other:

don't own a smartphone.

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)

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| <input type="checkbox"/> Heart rate | <input type="checkbox"/> Number of hours slept |
| <input checked="" type="checkbox"/> Number of steps | <input checked="" type="checkbox"/> % of deep sleep |
| <input type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Calories burned | <input type="checkbox"/> Blood glucose level |
| <input type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Comfort | <input type="checkbox"/> Technical issues |
| <input checked="" type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Other (Please specify): | |

DO I NEED ONE? DO I GET OBSESSED
WITH THIS + INFORMATION IT GENERATES IF I
AM IN GOOD HEALTH?

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
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- ☒ 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?

- ☐ No
- ☒ Yes

- ☐ Please tell us how we can reach you.
- ☐ NAME: SHOBANA RAJAN
- ☐ PHONE:
- ☐ EMAIL: Shobana.Rajan@sympatico.ca
- ☐ 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 or longer

Q3. Please select the measurements that are important for managing symptoms and health conditions for you or your care recipients. (Choose all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Heart rate | <input checked="" type="checkbox"/> Number of hours slept |
| <input checked="" type="checkbox"/> Number of steps | <input checked="" type="checkbox"/> % of deep sleep |
| <input checked="" type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
| <input checked="" type="checkbox"/> Calories burned | <input checked="" type="checkbox"/> Blood glucose level |
| <input checked="" type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |
- diabetics

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Comfort | <input type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input checked="" type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> 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?

- ☐ No
- ☒ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ NAME: Sue Morgan
 - ☐ PHONE:
 - ☐ EMAIL: s.morgan@rager.com
 - ☐ 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
- ☒ *unlikely I will choose to use one*

Q2. How long do you think you will use a wearable device?

- ☐ I will never use one *(probably)*
- ☐ 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)

- | | |
|--|--|
| <input type="checkbox"/> Heart rate | <input type="checkbox"/> Number of hours slept |
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| <input type="checkbox"/> Calories burned | <input type="checkbox"/> Blood glucose level |
| <input type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

*Not really interested
in any on a
regular basis*

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|---|---|
| <input checked="" type="checkbox"/> Comfort | <input type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Other (Please specify): <i>aesthetics</i> | |

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
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- ☒ 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?

- ☒ No
- ☐ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ 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
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| <input type="checkbox"/> Calories burned | <input checked="" type="checkbox"/> Blood glucose level |
| <input checked="" type="checkbox"/> Oxygen saturation level | <input type="checkbox"/> Other (Please specify): |

Q4. What concerns you about using a wearable device? (Choose all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Comfort | <input type="checkbox"/> Technical issues |
| <input type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Other (Please specify): | <i>Not applicable</i> |

Q5. What do you think "data-driven health care" means? (Choose all that apply)

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- ☐ 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?

- ☒ No
- ☐ Yes
 - ☐ Please tell us how we can reach you.
 - ☐ NAME:
 - ☐ PHONE:
 - ☐ EMAIL:
 - ☐ Other: