

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)

- | | |
|---|---|
| <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 type="checkbox"/> Intensity of exercise | <input 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 type="checkbox"/> Forgetting to wear | <input type="checkbox"/> Battery life |
| <input type="checkbox"/> Having to learn to use | <input checked="" 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: Geoff Foulds
 - PHONE: 416 721-1696
 - EMAIL: gafoulds@gmail.com
 - Other:

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

PID 2

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PID 5

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| <input checked="" type="checkbox"/> Intensity of exercise | <input checked="" type="checkbox"/> Blood pressure |
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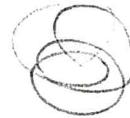
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 Other (please specify):

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- Other (please specify):

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Now that you have heard some more about 3DHC we would like some feedback from you. Please think about your interaction with this innovation and complete the following questions:

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| <input checked="" type="checkbox"/> Calories burned | <input checked="" type="checkbox"/> Blood glucose level |
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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): PERSONAL INTEREST

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Other (please specify):

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PID 9

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| <input type="checkbox"/> Having to learn to use | <input type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Other (Please specify): | <i>making myself "over-concerned" about normal life activities</i> |

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- Yes
 - Please tell us how we can reach you.
 - NAME: Joyce Hopkins
 - PHONE:
 - EMAIL: Joyce Hopkins @ outlook.com
 - Other:

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

PID 12

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