

Sample User Responses for Life Behavior Monitoring App

User 1

What's your name? 

Answer: Alex

How young are you? 

Answer: 28 years

What's your height? 

Answer: 5'9"

How much do you weigh? 

Answer: 150 lbs

What's your gender identity? 

Answer: Male

What keeps you busy during the day? 

Answer: Software Developer

Do you have diabetes? (If yes, how long have you been on medication? )

Answer: No

Do you have hypertension (high blood pressure)? (If yes, how long have you been on medication? )

Answer: No

Do you have high cholesterol (hyperlipidemia)? (If yes, how long have you been on medication? )

Answer: No

Do you have any allergies? (If yes, could you share what they are? )

Answer: Yes, allergic to pollen

Have you had any surgeries? (If yes, when and what kind? )

Answer: No

Do you have any family medical history to share? (For example, conditions like diabetes, heart disease, etc. [?](#))

Answer: Yes, heart disease runs in the family

Do you have any disabilities or special needs? (If yes, please let us know how we can assist you. [?](#))

Answer: No

Do you drink alcohol? (If yes, how often do you usually drink? [?](#))

Answer: Yes, occasionally on weekends

Do you smoke cigarettes? (If yes, how often do you usually smoke? [?](#))

Answer: No

User 2

What's your name? [?](#)

Answer: Mia

How young are you? [?](#)

Answer: 34 years

What's your height? [?](#)

Answer: 5'4"

How much do you weigh? [?](#)

Answer: 130 lbs

What's your gender identity? [?](#)

Answer: Female

What keeps you busy during the day? [?](#)

Answer: Graphic Designer

Do you have diabetes? (If yes, how long have you been on medication? [?\)](#)

Answer: No

Do you have hypertension (high blood pressure)? (If yes, how long have you been on medication? [?\)](#)

Answer: Yes, on medication for 2 years

Do you have high cholesterol (hyperlipidemia)? (If yes, how long have you been on medication? [?](#))

Answer: No

Do you have any allergies? (If yes, could you share what they are? [?](#))

Answer: No

Have you had any surgeries? (If yes, when and what kind? [?](#))

Answer: Yes, appendectomy in 2015

Do you have any family medical history to share? (For example, conditions like diabetes, heart disease, etc. [?\)](#)

Answer: Yes, diabetes in family

Do you have any disabilities or special needs? (If yes, please let us know how we can assist you. [?\)](#)

Answer: No

Do you drink alcohol? (If yes, how often do you usually drink? [?\)](#)

Answer: Yes, 1-2 glasses of wine per week

Do you smoke cigarettes? (If yes, how often do you usually smoke? [?\)](#)

Answer: No

User 3

What's your name? [?](#)

Answer: Chris

How young are you? [?](#)

Answer: 45 years

What's your height? [?](#)

Answer: 6'0"

How much do you weigh? [?](#)

Answer: 210 lbs

What's your gender identity? [?](#)

Answer: Male

What keeps you busy during the day? [?](#)

Answer: Teacher

Do you have diabetes? (If yes, how long have you been on medication? ⓘ)

Answer: Yes, on medication for 5 years

Do you have hypertension (high blood pressure)? (If yes, how long have you been on medication? ⓘ)

Answer: Yes, on medication for 3 years

Do you have high cholesterol (hyperlipidemia)? (If yes, how long have you been on medication? ⓘ)

Answer: Yes, on medication for 4 years

Do you have any allergies? (If yes, could you share what they are? ⓘ)

Answer: Yes, allergic to peanuts

Have you had any surgeries? (If yes, when and what kind? ⓘ)

Answer: No

Do you have any family medical history to share? (For example, conditions like diabetes, heart disease, etc. ⓘ)

Answer: Yes, high cholesterol and diabetes

Do you have any disabilities or special needs? (If yes, please let us know how we can assist you. ⓘ)

Answer: No

Do you drink alcohol? (If yes, how often do you usually drink? ⓘ)

Answer: No

Do you smoke cigarettes? (If yes, how often do you usually smoke? ⓘ)

Answer: Yes, 5-6 cigarettes per day

User 4

What's your name? ⓘ

Answer: Sophia

How young are you? ⓘ

Answer: 25 years

What's your height? ⓘ

Answer: 5'6"

How much do you weigh? [?](#)

Answer: 120 lbs

What's your gender identity? [?](#)

Answer: Female

What keeps you busy during the day? [?](#)

Answer: Marketing Specialist

Do you have diabetes? (If yes, how long have you been on medication? [?](#))

Answer: No

Do you have hypertension (high blood pressure)? (If yes, how long have you been on medication? [?\)](#)

Answer: No

Do you have high cholesterol (hyperlipidemia)? (If yes, how long have you been on medication? [?\)](#)

Answer: No

Do you have any allergies? (If yes, could you share what they are? [?\)](#)

Answer: No

Have you had any surgeries? (If yes, when and what kind? [?\)](#)

Answer: No

Do you have any family medical history to share? (For example, conditions like diabetes, heart disease, etc. [?\)](#)

Answer: No significant family medical history

Do you have any disabilities or special needs? (If yes, please let us know how we can assist you. [?\)](#)

Answer: No

Do you drink alcohol? (If yes, how often do you usually drink? [?\)](#)

Answer: Yes, socially on special occasions

Do you smoke cigarettes? (If yes, how often do you usually smoke? [?\)](#)

Answer: No

User 5

What's your name? [?](#)

Answer: Liam

How young are you? [?](#)

Answer: 52 years

What's your height? [?](#)

Answer: 5'10"

How much do you weigh? [?](#)

Answer: 180 lbs

What's your gender identity? [?](#)

Answer: Male

What keeps you busy during the day? [?](#)

Answer: Retired

Do you have diabetes? (If yes, how long have you been on medication? [?\)](#)

Answer: Yes, on medication for 8 years

Do you have hypertension (high blood pressure)? (If yes, how long have you been on medication? [?\)](#)

Answer: Yes, on medication for 10 years

Do you have high cholesterol (hyperlipidemia)? (If yes, how long have you been on medication? [?\)](#)

Answer: Yes, on medication for 6 years

Do you have any allergies? (If yes, could you share what they are? [?\)](#)

Answer: Yes, allergic to dust mites

Have you had any surgeries? (If yes, when and what kind? [?\)](#)

Answer: Yes, knee replacement in 2018

Do you have any family medical history to share? (For example, conditions like diabetes, heart disease, etc. [?\)](#)

Answer: Yes, heart disease and hypertension

Do you have any disabilities or special needs? (If yes, please let us know how we can assist you. [?](#))

Answer: No

Do you drink alcohol? (If yes, how often do you usually drink? [?](#))

Answer: Yes, 1-2 beers per week

Do you smoke cigarettes? (If yes, how often do you usually smoke? [?](#))

Answer: No