Appendix Table A. Study questionnaire

Demographic	
Gender	☐ Male ☐ Female
Age	years
Social class (circle the number that best	Poor Middle class Rich
describes your social class):	1 2 3 4 5 6 7 8 9
Your education level:	
□ No schooling completed	
□ Some primary school	
□ Completed primary school	
□ Some secondary school	
☐ Completed secondary school	
☐ Diploma, advanced diploma, associate	
degree or equivalent	
☐ Bachelor's degree	
☐ Master's degree	
□ Doctoral degree	
☐ Other (please specify):	
Your occupation group:	□ Service
	□ Sales
	□ Catering
	□ Finance
	□ Engineering
	☐ Art
	☐ Education/culture/academia
	☐ Administration/professional
	☐ Office/white-collar worker
	☐ Disciplinary forces (e.g., police force,
	immigration department, customs and excise
	department, fire services department, correctional
	services department)
	□ Student
	☐ Housewife/house-husband
	☐ Unemployed/awaiting job assignment
	□ Retiree
	☐ Other (please specify):
	= outer (preuse speers)).
Use of mobile devices	
Do you use any of the following mobile	On average, how much time do you spend each day
devices?	using the device?
☐ Smartphone	hrs mins
☐ Feature phone	hrs mins
☐ Tablet computer	hrs mins
□ Other (please specify):	hrs mins
☐ I don't use any mobile devices	
Internet access on mobile devices	
Do you have Internet access on your mobile	□ Yes □ No
device?	
Average length of time of each occasion of t	ise
Use of health applications	
☐ Healthy living information (e.g., diet,	1 2 3 4 5 6 7 hrs mins
nutrition, exercise)Frequency of use:	
1 – Several times a day	
2 – Once or twice a day	
3 – Several times a week	
4 – Once or twice a week	
5 – Several times a month	

6 – Once or twice a month											
7 – Never											
Do you have any of the types of medical/health											
applications listed below installed on your											
mobile device? How frequently do you use											
them?											
☐ Recovery and rehabilitation information	1	2	3	4	5	6	7			hrs _	mins
(e.g., physical therapy instruction)											
☐ Diagnosis assistance (e.g., symptom	1	2	3	4	5	6	7			hrs _	mins
checking)											
☐ Telehealth (e.g., remote monitoring)	1	2	3	4	5	6	7			hrs _	mins
\square Health and medical reminders (e.g., period	1	2	3	4	5	6	7			hrs _	mins
tracking, medication reminders)											
☐ Emergency services (e.g., fall detection)	1	2	3	4	5	6	7			hrs_	mins
☐ Measuring/recording vital signs (e.g., body	1	2	3	4	5	6	7			hrs _	mins
temperature, heart rate, blood pressure)											
☐ Other (please specify):	1	2	3	4	5	6	7			hrs _	mins
☐ I don't have any medical/health applications											
installed on my mobile device											
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Perceived impacts of using health apps Using mobile medical/health applications can ir			. 1			l-					.141.
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