

Supplemental Table 1. Technology Use Survey	
Question	Response Options
1. I am good at using a computer.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
2. I am good at using a tablet or smartphone.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
3. Do you ever go online to access the Internet or World Wide Web, or to send and receive emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When you use the internet, do you access it through... (check all that apply)	<input type="checkbox"/> A regular dial-up telephone line <input type="checkbox"/> Broadband such as DSL, cable or FiOS <input type="checkbox"/> A cellular network (i.e., phone, 3G/4G) <input type="checkbox"/> A wireless network (Wi-Fi)
5. Where do you go to access the internet? (check all that apply)	<input type="checkbox"/> Any location (i.e. smartphone or tablet) <input type="checkbox"/> Home <input type="checkbox"/> Home of family member or friend <input type="checkbox"/> Community center <input type="checkbox"/> Library <input type="checkbox"/> Work <input type="checkbox"/> Restaurant, coffee shop, or café <input type="checkbox"/> Other _____
6. In the past month, have you used the Internet to look for information about health topics for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In the past month, have you used the Internet to look for information about health topics for others, like family members or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please indicate if you have any of the following (check all that apply):	<input type="checkbox"/> Table computer like an iPad, Samsung Galaxy Note, or Kindle Fire <input type="checkbox"/> Smartphone, such as iPhone, Android, Blackberry, or Windows phone <input type="checkbox"/> Desktop computer or laptop
9. If you have a cellphone, what is your cellular provider/carrier?	<input type="checkbox"/> AT&T <input type="checkbox"/> Verizon

	<input type="checkbox"/> T-Mobile <input type="checkbox"/> Sprint <input type="checkbox"/> Metro PCS <input type="checkbox"/> Other _____
10. Do you share the use of your phone with other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. What type of smartphone do you have? (Check all that apply)	<input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Windows <input type="checkbox"/> Other <input type="checkbox"/> Blackberry <input type="checkbox"/> I do not know
12. On average, how much time do you spend on your smartphone daily?	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8 or more hours
13. How do you usually use your smartphone? (please check all that apply):	<input type="checkbox"/> Business/work <input type="checkbox"/> Calling friends or family <input type="checkbox"/> Texting/messaging friends or family <input type="checkbox"/> Email <input type="checkbox"/> Surfing the internet <input type="checkbox"/> Reading books or magazines <input type="checkbox"/> Entertainment (videos, movies, games, etc) <input type="checkbox"/> Health and medical information
14. Do you have a data plan with your smartphone or tablet?	<input type="checkbox"/> Yes, I am enrolled in a basic prepaid plan. <input type="checkbox"/> Yes, I am enrolled in an unlimited data, talk and text prepaid plan. <input type="checkbox"/> Yes, I am enrolled in an unlimited data, talk and text plan. <input type="checkbox"/> Yes, (Please specify) _____ <input type="checkbox"/> No
Do you know your approximate monthly data limit (i.e. 1GB, 5GB?)	<u>(Free response)</u>
15. On your tablet or smartphone, do you have any software applications or “apps?”	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often do you use apps?	<input type="checkbox"/> Everyday <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-5 times a week

	<input type="checkbox"/> Never
16. On your tablet or smartphone, do you have any software applications or “apps” related to health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often do you use health-related apps?	<input type="checkbox"/> Everyday <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-5 times a week <input type="checkbox"/> Never
17. Have the apps related to health on your smartphone or tablet done any of the following? (Check all that apply.)	<input type="checkbox"/> Helped you quit smoking <input type="checkbox"/> Helped you in losing weight <input type="checkbox"/> Helped you increase physical activity <input type="checkbox"/> Helped you track your diet or nutrition <input type="checkbox"/> Helped you make a decision about how to treat an illness or condition <input type="checkbox"/> Led you to ask a doctor new questions, or to get a second opinion from another doctor
18. Have you participated in a research study before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. What would motivate you to participate in a research study using mobile technology (i.e. smartphone, tablet, etc)? (please check all that apply)	<input type="checkbox"/> Interest in topic <input type="checkbox"/> To become more educated about a topic <input type="checkbox"/> Contribute to greater good <input type="checkbox"/> Diagnosis with disease/condition/illness <input type="checkbox"/> Financial incentive <input type="checkbox"/> Managing disease/condition/illness <input type="checkbox"/> Positive impact on life <input type="checkbox"/> Free medication or check-up <input type="checkbox"/> Research helping minority groups <input type="checkbox"/> Free cell phone and/or data plan <input type="checkbox"/> Encouraged by friends or family <input type="checkbox"/> Referral from a doctor/health professional <input type="checkbox"/> To gain technical or computer skills <input type="checkbox"/> Presence of ethnic/racial minority or female on team
20. What would keep you from participating in a research study using mobile technology (i.e. smartphone, tablet, etc)? (please check all that apply)	<input type="checkbox"/> No interest in research <input type="checkbox"/> No interest in topic <input type="checkbox"/> Concerns about privacy <input type="checkbox"/> Mistrust of researchers <input type="checkbox"/> Too busy <input type="checkbox"/> Does not target ethnic/racial minorities or women <input type="checkbox"/> No financial incentives <input type="checkbox"/> No ethnic/racial minorities or women on the research team <input type="checkbox"/> No computer or smartphone

	<input type="checkbox"/> Concerns about data plan <input type="checkbox"/> Research has no value <input type="checkbox"/> No reliable internet access
21. Would you be willing to participate in a research study that tested and/or had the following components (please check all that apply):	<input type="checkbox"/> Health education text messages <input type="checkbox"/> Health education sent to your personal email <input type="checkbox"/> Health education notifications (i.e. messages that appear on your lock screen or header bar) <input type="checkbox"/> Smart watches or wristband monitors <input type="checkbox"/> Smartphone/tablet apps <input type="checkbox"/> Websites to log data <input type="checkbox"/> Online support or counseling with a health professional <input type="checkbox"/> Interacting with peers or a community group online <input type="checkbox"/> Interacting with peers or a community group in-person <input type="checkbox"/> Comparing health data (i.e. average steps per day, health goals) between strangers <input type="checkbox"/> Comparing health data (i.e. average steps per day, health goals) between friends or family
22. If you were a participant in a research study that sent health education messages or notifications to your personal phone, how many messages or notifications would you like to receive on a daily basis?	<u>(Free Response)</u>
23. What time(s) during the day are you most likely to check text messages? (check all that apply)	<input type="checkbox"/> Early morning <input type="checkbox"/> Early afternoon <input type="checkbox"/> Early evening <input type="checkbox"/> Late morning <input type="checkbox"/> Late afternoon <input type="checkbox"/> Late evening
24. How many messages or notifications would be <u>too much</u> on a daily basis?	<u>(Free Response)</u>