

APPENDIX: Survey Questions

Domain 1: Sociodemographic Characteristics

What is your age? _____ years

What is your gender?

- Male
- Female
- Other (please specify)

Which race/ethnicities describe you? (*Check all that apply.*)

- African American/Black
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- American Indian, Alaskan Native
- Other _____

What is your highest level of education?

- Elementary school (1st-6th grade)
- Middle school (7th-8th grade)
- High school (9th-12th grade)
- Some college/vocational school
- Associate's degree (2-year college)
- Bachelor's degree (4-year college or university)
- Graduate degree
- Other _____

Is English your first language?

- Yes
- No

What is your current marital status?

- Single, never married
- Married
- Divorced/separated
- Widowed

What is your annual household income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999

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- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

Domain 2: Physical and Mental Health Symptoms

Do you currently have any of the following health conditions?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	PTSD
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Problems
<input type="checkbox"/>	<input type="checkbox"/>	Drug Problems
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Sleeping
<input type="checkbox"/>	<input type="checkbox"/>	Overweight
<input type="checkbox"/>	<input type="checkbox"/>	Stress
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Smoking
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Pain

Would you say your health in general is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
	0	1	2	3

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7. Trouble concentrating on things, such as reading the newspaper or watching television.

8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.

0 1 2 3

9. Feeling nervous, anxious, or on edge

0 1 2 3

10. Not being able to stop or control worrying

0 1 2 3

11. Worrying too much about different things

0 1 2 3

12. Trouble relaxing

0 1 2 3

13. Being so restless that it's hard to sit still

0 1 2 3

14. Becoming easily annoyed or irritable

0 1 2 3

15. Feeling afraid as if something awful might happen

0 1 2 3

16. If you checked off any problems above, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Domain 3: Current Technology Ownership and Use

For the questions below please use the following definitions:

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Smartphone refers to a cell phone, such as an iPhone or Android, that allows you to connect to the internet, send and receive emails, and/or use applications or “apps”)

Tablet refers to a mobile computer with a touch screen that is smaller than a laptop but larger than a smartphone. Examples are the iPad, Kindle Fire or Surface.

Apps refer to programs or applications designed for use on a mobile device, like a smartphone or tablet. Apps typically appear as a small picture on the main screen. Examples of apps are Facebook, Instagram, Google Maps, Twitter and Gmail.

Do you have a **smartphone**?

- Yes
- No

Do you have a **tablet**?

- Yes
- No

Do you ever use **apps** on your smartphone or tablet?

- Yes
- No (*Check ‘no’ if you do not own a smartphone or tablet.*)

Do you use your phone or tablet for any of the following?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Texting
<input type="checkbox"/>	<input type="checkbox"/>	Email
<input type="checkbox"/>	<input type="checkbox"/>	Driving/walking directions
<input type="checkbox"/>	<input type="checkbox"/>	Searching the internet
<input type="checkbox"/>	<input type="checkbox"/>	Camera functions (to take pictures or videos)
<input type="checkbox"/>	<input type="checkbox"/>	Social media (like Facebook, Instagram or Twitter)
<input type="checkbox"/>	<input type="checkbox"/>	Checking the weather forecast
<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Daily Steps
<input type="checkbox"/>	<input type="checkbox"/>	Diet (to track your calories or what you eat)
<input type="checkbox"/>	<input type="checkbox"/>	Weight
<input type="checkbox"/>	<input type="checkbox"/>	Mindfulness exercises
<input type="checkbox"/>	<input type="checkbox"/>	Sleep

————— Have you ever used an app to help you track or complete the following activities?

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Have you ever used an app to help you manage stress, depression, anxiety or PTSD?

Yes

No

Domain 4: Interest in Mental Health App Use

Please read the questions below and circle the number that best represents your opinion:

	Not at all	A little	Medium	Very	Completely
How interested are you in using an app to help you manage stress, depression, anxiety or PTSD?	1	2	3	4	5
How willing would you be to use an app to help you manage stress, depression, anxiety or PTSD <i>if your primary care provider recommended the app?</i>	1	2	3	4	5
How willing would you be to use an app to help you manage stress, depression, anxiety or PTSD <i>if your mental health provider (therapist or psychiatrist) recommended the app?</i>	1	2	3	4	5
How interested would you be in an app that could <i>respond to physical (e.g., heart rate) or behavioral changes to know when you might</i>	1	2	3	4	5

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<i>be experiencing symptoms</i> of stress, anxiety, depression or PTSD and suggest ways to manage symptoms?					
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Domain 5: Reasons for Choosing to Use/Not Use Mental Health Apps

Below are some reasons people may **choose not to use** mobile apps for stress, depression, anxiety or PTSD. Which reasons are true for you?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	I I don't think an app can help me to get better.
<input type="checkbox"/>	<input type="checkbox"/>	I don't know how to find an app that would help.
<input type="checkbox"/>	<input type="checkbox"/>	I don't use apps at all.
<input type="checkbox"/>	<input type="checkbox"/>	I don't think I have a problem with stress, depression, anxiety or PTSD.
<input type="checkbox"/>	<input type="checkbox"/>	I am already in treatment for stress, depression, anxiety or PTSD and don't see the need for an app.
<input type="checkbox"/>	<input type="checkbox"/>	I am concerned about protecting my privacy with having my information in an app like this.
<input type="checkbox"/>	<input type="checkbox"/>	It would be embarrassing to have an app like this on my phone.
<input type="checkbox"/>	<input type="checkbox"/>	I tried an app like this before and did not like it because it was difficult to use.
<input type="checkbox"/>	<input type="checkbox"/>	I tried an app like this before and did not like it because it was not personalized enough.
<input type="checkbox"/>	<input type="checkbox"/>	I tried an app like this before and it did not help.

Below are some reasons why people may **decide to start** using mobile apps for stress, depression, anxiety or PTSD. Which reasons are true for you?

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<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	I might use an app for these problems if I saw proof that it worked.

DOMAIN 6: Interest in Specific Mental Health App Features

Would you be interested in an app that allowed you to do any of the following?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	I Track your mood/stress/anxiety/PTSD symptoms.
<input type="checkbox"/>	<input type="checkbox"/>	Learn more about your mental health conditions.
<input type="checkbox"/>	<input type="checkbox"/>	Learn about how to change negative/self-critical thinking
<input type="checkbox"/>	<input type="checkbox"/>	Get involved in more activities.
<input type="checkbox"/>	<input type="checkbox"/>	Help you improve your social skills.
<input type="checkbox"/>	<input type="checkbox"/>	Help you learn to get better sleep.
<input type="checkbox"/>	<input type="checkbox"/>	Connect with a community of people with similar mental health problems.
<input type="checkbox"/>	<input type="checkbox"/>	Increase your physical activity or exercise.
<input type="checkbox"/>	<input type="checkbox"/>	Remind you to take your medications.
<input type="checkbox"/>	<input type="checkbox"/>	Speak with a health coach when your symptoms are bad.