

Appendix Table A. Study questionnaire

Demographic																							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																						
Age	___ years																						
Social class (circle the number that best describes your social class):	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Poor</td> <td colspan="6"></td> <td style="text-align: center;">Middle class</td> <td colspan="2"></td> <td style="text-align: center;">Rich</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td colspan="2"></td> </tr> </table>	Poor							Middle class			Rich	1	2	3	4	5	6	7	8	9		
Poor							Middle class			Rich													
1	2	3	4	5	6	7	8	9															
Your education level: <input type="checkbox"/> No schooling completed <input type="checkbox"/> Some primary school <input type="checkbox"/> Completed primary school <input type="checkbox"/> Some secondary school <input type="checkbox"/> Completed secondary school <input type="checkbox"/> Diploma, advanced diploma, associate degree or equivalent <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Other (please specify): _____																							
Your occupation group: <input type="checkbox"/> Service <input type="checkbox"/> Sales <input type="checkbox"/> Catering <input type="checkbox"/> Finance <input type="checkbox"/> Engineering <input type="checkbox"/> Art <input type="checkbox"/> Education/culture/academia <input type="checkbox"/> Administration/professional <input type="checkbox"/> Office/white-collar worker <input type="checkbox"/> Disciplinary forces (e.g., police force, immigration department, customs and excise department, fire services department, correctional services department) <input type="checkbox"/> Student <input type="checkbox"/> Housewife/house-husband <input type="checkbox"/> Unemployed/awaiting job assignment <input type="checkbox"/> Retiree <input type="checkbox"/> Other (please specify): _____																							

Use of mobile devices

Do you use any of the following mobile devices?	On average, how much time do you spend each day using the device?
<input type="checkbox"/> Smartphone	___ hrs ___ mins
<input type="checkbox"/> Feature phone	___ hrs ___ mins
<input type="checkbox"/> Tablet computer	___ hrs ___ mins
<input type="checkbox"/> Other (please specify): _____	___ hrs ___ mins
<input type="checkbox"/> I don't use any mobile devices	

Internet access on mobile devices

Do you have Internet access on your mobile device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Average length of time of each occasion of use

Use of health applications

<input type="checkbox"/> Healthy living information (e.g., diet, 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	1 2 3 4 5 6 7	___ hrs ___ mins
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