**Baseline survey**

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| **Demographic information** |
| **Code** | **Question** | **Response** |
| C1 | Sex (as observed) |

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| --- | --- |
| Male | 1 |
| Female | 2 |

 |
| C2 | How old are you? | Years \_\_ \_\_ |
| C3 | In total, how many years have you spent at school (excluding pre-school)? | Years \_\_ \_\_ |
| C4 | Which of the following best describes your **main work** status over the past 12 months?(USE SHOWCARD) | 1. Employed (public sector)
2. Self-employed (small business)
3. Farmer
4. Employed (private sector)
5. Unemployed/causal worker
6. Unpaid family/household worker
7. Retired
8. Student
9. Other (Specify \_\_\_\_\_\_\_\_)

97. Don’t know |

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| **Socio-economic status** |
| **Code** | **Question** | **Response** |
| Q1 | Does your household have electricity? | 1. Yes
2. No
 |
| Q2 | …a television? | 1. Yes
2. No
 |
| Q3 | …a refrigerator? | 1. Yes
2. No
 |
| Q4 | …CD/DVD player? | 1. Yes
2. No
 |
| Q5 | …wardrobe? | 1. Yes
2. No
 |
| Q6 | …generator/battery/solar panel? | 1. Yes
2. No
 |
| Q7 | Does any member of your household own a… motorcycle/scooter? | 1. Yes
2. No
 |
| Q8 | …a watch? | 1. Yes
2. No
 |
| Q9 | Do you or any other member in your household have a bank account? | 1. Yes
2. No
 |
| Q10 | What is the main source of drinking water during the wet season for members of your household?  | 1. Piped into dwelling
2. Other water source
 |
| Q11 | What is the main material of the floor? | 1. Ceramic tiles
2. Wood planks
3. Other material
 |
| Q12 | What is the main material of the exterior walls? | 1. Cement blocks
2. Palm/bamboo/thatch
3. Other material
 |
| Q13 | What type of fuel does your household mainly use for cooking? | 1. LPG
2. Wood
3. Other type of fuel
 |
| Q14 | What kind of toilet facility do you usually use? | 1. Flush to piped sewer system (not shared with other households)
2. Flush to septic tank (not shared with other households)
3. No facility / bush / field
4. Other type of toilet
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| R1 | Do you have a mobile phone? | 1. Yes
2. No -> **P1**
 |
| R2 | Is it a smartphone? | 1. Yes
2. No
 |

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| **Health and wellbeing** |
| **Code** | **Question** | **Response** |
| P1 | Do you smoke? | 1. No
2. Occasionally
3. Daily
 |
| P2 | How often do you eat fruit or vegetables? | 1. Not very often
2. Every week
3. Every day, at least once
4. More than once a day
5. Don’t know
 |
| P3 | How often do you do physical exercise (such as swimming, cycling, running, fitness, other recreational activities such as volleyball or football)? | 1. Never
2. Occasionally
3. Every week, at least once
 |
| P4 | On average, how many hours do you sleep at night? | Hrs \_\_\_\_\_ |
| P5 | Do you do routine health checks with a doctor, nurse or other healthcare provider? | 1. Never
2. Rarely
3. Regularly
4. Don’t know
 |
| P6 | Do you do any self-monitoring of your health status (such as blood pressure measurement)? | 1. Never
2. Rarely
3. Regularly
4. Don’t know
 |
| P7 | Have you ever used a fitness watch or a mobile health app? | 1. Yes
2. No -> P9
 |
| P8 | Did (or do) you find it useful? Can you explain? |  |
| P9 | In general, how would rate your health overall? | 1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
 |

**Follow-up Survey**

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| **Product understanding and reception** |
| **Question** | **Response** | **Code** |
| How often have you used the watch in the past month? | 1. Never -> A1S
2. All the time
3. Sometimes
4. Don’t know
 | A1 |
| Why didn’t you wear the watch at all? Can you explain? | -> END OF INTERVIEW | A1S |
| Did you use the watch to check any of the following?(USE SHOWCARD) | 1. Time
2. Steps
3. Calories
4. Heart rate
5. Blood pressure
6. None ->A9
 | A2 |
| Can you list the three most useful applications (in order)? | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A3 |
| Did you think about your health more than usual in the past month? | 1. Yes
2. No
3. Don’t know
 | A4 |
| Did you have any discomfort while wearing the watch? | 1. Yes
2. No -> A6
 | A5 |
| Can you explain what kind of discomfort you had? |  | A5a |
| Do you have any suggestions on how the watch could be improved? | 1. Yes
2. No -> A7
 | A6 |
| Can you explain how it could be improved? |  | A6a |
| Did you use the associated app on your mobile phone? | 1. Yes
2. No -> A9
 | A7 |
| Was the app easy to use? How would you rate it? | 1. Very easy
2. Easy
3. Difficult
4. Very difficult
5. Don’t know
 | A8 |
| How long did the battery last for? | Days \_\_\_ \_\_\_ | A9 |

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| **Willingness to pay** |
| **Question** | **Response** | **Code** |
| Would you continue to use this watch? | 1. Yes2. No **→ END OF INTERVIEW**3. Don’t know | C1 |
| Would you be willing to buy this watch? | 1. Yes2. No **→ END OF INTERVIEW**3. Don’t know | C2 |
| Would you be willing to pay US$ 10 for this watch? | 1. Yes2. No **→ C5**3. Don’t know | C3 |
| Would you be willing to pay US$ 30 for this watch? | 1. Yes **→ C6**2. No **→ C6**3. Don’t know **→ C6** | C4 |
| Would you be willing to pay US$ 5 for this watch? | 1. Yes2. No3. Don’t know | C5 |
| What is the highest price you would be willing to pay for this watch? | 1. Riel \_\_\_\_\_\_\_\_\_\_\_2. Don’t know | C6 |
| Would you recommend others to use this watch? | 1. Yes2. No **→ END OF INTERVIEW**3. Don’t know **→ END OF INTERVIEW** | C7 |
| Who is the person you would recommend this product? |  | C8 |