

Date: _____

Investigator initials: _____

Feasibility questionnaire

Instructions for administrator: show devices to participant throughout the questionnaire to remind them what each device is when you ask about it.

Part A – consumer device

Consumer device worn on this day:

- FitBit Charge HR
 Garmin Vivosmart

1. How comfortable was it for you to wear the **wrist-worn device** during 1 day? *Please choose the best answer.*

Not very comfortable	Not comfortable	Neutral	Somewhat comfortable	Very comfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you have any problems wearing the devices?

- No
 Yes

If Yes, please explain your answer: _____

3. These kinds of devices are usually used to measure physical activity over several days. How likely would you be to participate in a study where you had to wear the device every day for 1 week?

Very unlikely	Unlikely	Maybe	Likely	Very likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you think you would have any problems or discomforts with wearing the device every day for a week?

Please choose the best answer.

Very unlikely	Unlikely	Maybe	Likely	Very likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you think there might be any problems or discomforts with wearing the devices on the daily basis, please explain your answer: _____

Date: _____

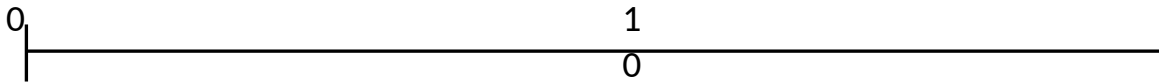
Investigator initials: _____

5. Do you think you would have any problems or discomforts sleeping while wearing the device?
Please choose the best answer.

Very unlikely	Unlikely	Maybe	Likely	Very likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you think there might be any problems or discomforts with sleeping while wearing the device, please explain your answer: _____

6. How confident are you that you would be able to put on and take off the **wrist-worn device** on your own if you were given the device to wear at home?
0= not confident at all; 10 = extremely confident



Part B

Complete on last day only.

7. How comfortable was it for you to wear the **chest strap** and **accelerometer** during 1 day?
Please choose the best answer.

	Not very comfortable	Not comfortable	Neutral	Somewhat comfortable	Very comfortable
Chest strap for 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerometer worn at the ankle for 1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Did you have any problems wearing the devices?

No

Yes

If Yes, please explain your answer: _____

Date: _____

Investigator initials: _____

9. These kinds of devices are usually used to measure physical activity over several days. How likely would you be to participate in a study where you had to wear the:

	Very unlikely	Unlikely	Maybe	Likely	Very likely
Chest strap every day for 1 week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerometer at the ankle every day for 1 week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you think you would have any problems or discomforts with wearing devices every day for a week?

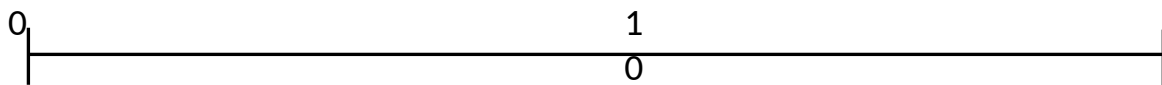
Please choose the best answer.

	Very unlikely	Unlikely	Maybe	Likely	Very likely
Chest strap every day for 1 week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerometer at the ankle every day for 1 week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you think there might be any problems or discomforts with wearing the devices on the daily basis, please explain your answer: _____

11. How confident are you that you would be able to put on and take off the **chest strap** on your own if you were given the device to wear at home?

0= not confident at all; 10 = extremely confident



12. How confident are you that you would be able to put on and take off the **accelerometer** on your own if you were given the device to wear at home?

0= not confident at all; 10 = extremely confident

