

## 8. Appendix

<i>DEMOGRAPHIC INFORMATION</i>			
#	Question	Answer Type	Answer Alternatives
1	Do you currently live in the Czech Republic?	Boolean	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
2	What is your age?	Categorical /Multiple choice	<ul style="list-style-type: none"> <li>• Under 18</li> <li>• 18-24</li> <li>• 25-34</li> <li>• 35-44</li> <li>• 45-54</li> <li>• 55-64</li> <li>• 65+</li> </ul>
3	What is your gender?	Categorical /Multiple choices	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Prefer not to say</li> <li>• Other</li> </ul>
4	What is your education level?	Multiple choices	<ul style="list-style-type: none"> <li>• Elementary school</li> <li>• High school</li> <li>• Bachelor</li> <li>• MasterPhD</li> <li>• Other</li> </ul>
5	What is your current employment status?	Multiple choices	<ul style="list-style-type: none"> <li>• Unemployed</li> <li>• Student</li> <li>• Employed - Part-time</li> <li>• Employed - Full time</li> <li>• Self-employed</li> <li>• Retired</li> </ul>
<i>UNDERSTANDING CURRENT SITUATION</i>			
6	Do you use a wearable device?	Boolean	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
7	What type of wearable device do you use?	Multiple choices	<ul style="list-style-type: none"> <li>• Smartwatch</li> <li>• Fitness Tracker</li> <li>• Medical wearable device</li> <li>• I do not use one</li> </ul>
8	For what purpose do you use your current wearable device?	Checkbox	<ul style="list-style-type: none"> <li>• To connect it with my phone</li> <li>• To track my sport activity</li> <li>• To track my health parameters</li> </ul>

			<ul style="list-style-type: none"> <li>• To stay up to date with the tech trends</li> <li>• To motivate me do more sports</li> <li>• To motivate me take more care of my health</li> <li>• I do not use one</li> </ul>
9	Does your current wearable device fulfill all your necessities?	Scale	<ul style="list-style-type: none"> <li>• Far above average</li> <li>• Above average</li> <li>• Average</li> <li>• Below average</li> <li>• I do not use one</li> </ul>
<i><b>EXPLORING THE MARKET</b></i>			
10	Do you know any wearable device that is dedicated to healthcare only?	Scale	<ul style="list-style-type: none"> <li>• Very Aware</li> <li>• Somewhat aware</li> <li>• Not so aware</li> <li>• Not at all aware</li> </ul>
11	Would you consider important using a wearable device only for medical purposes?	Boolean	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
12	We are currently introducing a new prototype for a wearable device. Which of the following features do you think is more important to have?	Checkbox	<ul style="list-style-type: none"> <li>• Monitoring body parameters</li> <li>• Sending direct alters to the hospital in case of health emergency</li> <li>• Other features not related to health care</li> </ul>
13	Using a monitoring wearable device has a positive impact on maintaining real-time information on your health parameters.	Scale	<ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> </ul>

			<ul style="list-style-type: none"> <li>• Strongly disagree</li> </ul>
14	Using a monitoring wearable device will improve the first aid rate from the hospital in case of an emergency.	Scale	<ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> <li>• Strongly disagree</li> </ul>
15	Using a wearable device dedicated to health monitoring will reduce the short-term costs of medical assistance.	Scale	<ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> <li>• Strongly disagree</li> </ul>
16	Would you be willing to share your collected data from this wearable device with the hospital?	Multiple Choice	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Maybe</li> </ul>
17	Do you think this new prototype will shift healthcare system from curative to preventive?	Scale	<ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> <li>• Strongly disagree</li> </ul>

The original survey was created using online version of excel and uploaded in onedrive. The survey is available in the link below:

[https://docs.google.com/forms/d/1LloZLP0Gs1DSwrh2j\\_QLZ4skjP2IwIyrjFfU4rq75FE/edit](https://docs.google.com/forms/d/1LloZLP0Gs1DSwrh2j_QLZ4skjP2IwIyrjFfU4rq75FE/edit)

# Wearable devices for Healthcare

\*Required

## Demographic Information

Do you currently live in the Czech Republic? \*

- Yes
- No

What is your age? \*

- Under 19
- 19-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

What is your gender? \*

- Male
- Female
- Prefer not to say
- Other

What is your education level? \*

- Elementary school
- High school
- Bachelor
- Master
- PhD
- Other