

# Patient Questionnaire

**If you have already completed this form, please do not complete it again.**

**1) Race/ethnicity:** (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other or unknown                    |

**2) Are you Hispanic or Latinx?**

- Yes       No

**3) Age:** \_\_\_ years old

**4) Sex:**     M                       F

**5) At this time, at Penn Behavioral Health, what services are you receiving?**

- Medication management       Talk therapy                       Both

**6) Are you interested in receiving talk therapy at this clinic?**

- Yes                       No

**7) Do you own a smartphone?** “Smartphones” are phones that can use your location (GPS), download apps, and connect to the Internet.

- Yes                       No

If yes: **Is your smartphone apple or android?**

- Apple (iPhone)  
 Android (Samsung Galaxy, HTC, Motorola, etc.)

If yes: **Is your phone in good working condition?** Please check “No” if your phone is frequently shut off by the phone company, or if your phone does not work well (e.g. if your phone does not turn on or if your screen is too difficult to read due to cracks).

- Yes                       No

**8) Do you usually have your phone with you when you leave home?**

- Yes – I almost never leave my house without my phone.  
 In between – I leave my house without my phone about half the time.  
 No – I often leave my house without my phone.

**9) Do you use your phone as an alarm clock to wake up?**

- Yes                       No

**10) Do you look at your phone before bed?**

- Yes                       No

**11) When you wake up?**

- Yes                       No

**12) How do you use your phone for communicating with family, friends, or for work?**

Please check all that apply.

- |   |                                      |                                |
|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Phone calls        | <input type="checkbox"/> Google chat | <input type="checkbox"/> Other |
| <input type="checkbox"/> Texting            | <input type="checkbox"/> Kakao talk  |                                |
| <input type="checkbox"/> Facebook messenger | <input type="checkbox"/> WhatsApp    |                                |
|   | <input type="checkbox"/> WeChat      |                                |

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**13) Which social media do you use?** Please check all of the social media that you post/comment/interact on, **and circle your one favorite** social media.

- |  |  |
|--|--|
| <input type="checkbox"/> ask.fm                            | <input type="checkbox"/> Tumblr  |
| <input type="checkbox"/> Facebook                          | <input type="checkbox"/> Twitter   |
| <input type="checkbox"/> Instagram                         | <input type="checkbox"/> YouTube (only select if you post your own videos) |
| <input type="checkbox"/> musical.ly                        | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Pinterest                         |  |
| <input type="checkbox"/> reddit                            |  |
| <input type="checkbox"/> SnapChat                          |  |
| <br><input type="checkbox"/> I do not use any social media |  |

**14) What do you post on social media?** Please check all that apply.

- Photos
- Videos
- Links (to articles, videos, other peoples' posts, etc.)
- My mood/feelings
- Opinions or personal recommendations
- Reactions (to news, events, other people, etc.)
- Important life updates
- Everyday things that happened in your life
- Activities
- Goals/plans for the future
- Comments/ "likes" of other posts
- Other
  
- I never post anything on social media

**15) Would you be willing to share your social media posts (e.g. Facebook, Twitter, Instagram, etc.) with your therapist if your therapist was concerned about how you were doing?**

- Yes       No

If yes: **What social media content would you be willing to share with your therapist?**

- Only the postings that I make public.
- Both my public and my private postings.
- I would pick-and-choose posts from both my public and private postings.

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**16)** Recently, Facebook has been in the news for its use of personal data from Facebook Accounts through a company, Cambridge Analytica. **Does this privacy violation make you more hesitant about:**

**your smartphone data being collected by the University of Pennsylvania?**

- Yes       No

**sharing your smartphone data with your therapist (as part of a research study)?**

- Yes       No

**sharing your social media with your therapist (as part of a research study)?**

- Yes       No

If you don't have a smartphone, please skip #17 and #18, and turn over the page to continue the survey.

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**17)** Below is a list of information that a research app has the ability to collect from your smartphone. **Please select the information that you would be okay with the app collecting.** This information would be collected confidentially and shared only with professional researchers at the University of Pennsylvania.

Information collected using your phone's GPS:

- Amount of time you spend at home
- Amount of time during your day you spend not moving
- Distance you travel
- Maximum distance you travel from your home

Information collected by tracking how long your phone screen is on/off:

- How long you sleep each day

Information collected about your communication:

- Number of texts you send
- Length of the texts you send
- Number of texts you receive
- Length of the texts you receive
- Number of calls you make
- Length of the calls you make
- Number of calls you receive
- How often you answer your phone
- Length of the calls you receive

**18) Would you be okay with your therapist also having access to that information?**

- Yes       No