

# **PRECIOUS: Connected bathroom scales study**

There are 33 questions in this survey

## **CONNECTED BATHROOM SCALES**

**1 Does your weight data seem useful for your health? \***

**Please choose only one of the following:**

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

## **2 Why (if you wish to precise)?**

**Please write your answer here:**

## **3 Does a connected bathroom scales seem more useful than a conventional bathroom scales for you? \***

**Please choose only one of the following:**

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

#### **4 Why (if you wish to precise)?**

**Please write your answer here:**

#### **5 Which display would you like to consult your weight? \***

**Please choose all that apply:**

- the numerical value**
- a different picture in function of the recommendation**

**Other:**

## **6 Why (if you wish to precise)?**

**Please write your answer here:**

## **7 Do you think that the connected bathroom scales is easy to use? \***

**Please choose only one of the following:**

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

## **8 Why (if you wish to precise)?**

**Please write your answer here:**

## **9 Do you think the connected bathroom scales disturb you during your daily life \***

**Please choose only one of the following:**

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

## **10 Why (if you wish to precise)?**

**Please write your answer here:**

# DATA RECORDING

**11 Would you like to allow your weight data recording to be able to consult evolution? \***

**Please choose only one of the following:**

- Yes**
- No**

**12 Why (if you wish to precise)?**

**Please write your answer here:**

**13 On which period would you like to use to consult your weight evolutions? \***

**[Only answer this question if you answered 'Yes' to question '11' ]**

**Please choose all that apply:**

- 1 hour**
- 12 hours**
- 24 hours**
- 2 days**
- 1 week**
- 1 month**
- 1 year**

**Other:**



## **14 Why (if you wish to precise)?**

**[Only answer this question if you answered 'Yes' to question '11' ]**

**Please write your answer here:**

**15 How often would you like to consult your weight changes? \***

**[Only answer this question if you answered 'Yes' to question '11' ]**

**Please choose only one of the following:**

- permanently**
- several times a day**
- only morning**
- only noon**
- only evening**
- never**
- Other**

## **16 Why (if you wish to precise)?**

**[Only answer this question if you answered 'Yes' to question '11' ]**

**Please write your answer here:**

# NOTIFICATIONS

**17 Do you wish to receive notifications about your weight? \***

**Please choose only one of the following:**

- Yes**
- No**

**18 Why (if you wish to precise)?**

**Please write your answer here:**

**19 Would you like to receive notifications when the weight is over the recommended treshold for your health?**

**\***

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please choose only one of the following:**

- Yes**
- No**

## **20 Why (if you wish to precise)?**

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please write your answer here:**

## **21 Would you like to define by yourself the recommended treshold? \***

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please choose only one of the following:**

- Yes**
- No**

## 22 Why (if you wish to precise)?

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please write your answer here:**

## 23 Would you like to stop notifications sometimes? \*

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please choose only one of the following:**

- Yes**
- No**

**24 When? \***

**[Only answer this question if you answered 'Yes' to question '17' *and* if you answered 'Yes' to question '23' ]**

**Please choose all that apply:**

- during the night**
- during the meals**
- during absence**
- during shower**
- during hosts presence**

**Other:**



## **25 Why (if you wish to precise)?**

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please write your answer here:**

**26 On which kind of support do you wish to receive notifications? \***

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please choose all that apply:**

- TV**
- computer**
- smartphone**
- smartwatch**
- tablet**
- light signal**
- HP**

**Other:**

## **27 Why (if you wish to precise)?**

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please write your answer here:**

**28 Which kind of notifications do you wish? \***

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please choose all that apply:**

- text message**
- light signal**
- sound alert**
- vocal information**
- vibrations**

**Other:**

## **29 Why (if you wish to precise)?**

**[Only answer this question if you answered 'Yes' to question '17' ]**

**Please write your answer here:**

# CONFIDENTIALITE

**30 Would you like to manage the status of your weight data as? \***

**Please choose all that apply:**

- confidential**
- sharable with identified contacts**
- public on internet**

**Other:**

### **31 Why (if you wish to precise)?**

**Please write your answer here:**

# IMPACT

**32 Do you think the use of a connected bathroom scales makes evolve your daily habits? \***

**Please choose only one of the following:**

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**



**33 Which one? \***

**[Only answer this question if you answered 'yes, totally' or 'rather yes' to question '32' ]**

**Please write your answer here:**

{FAX\_TO} Submit your survey.  
Thank you for completing this survey.