

Finalized Questionnaire

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Section 1: Demographics / Background

1. What is your age?

2. What is your gender?

- Male
- Female
- Other: _____
- Prefer not to say

3. How would you describe your current activity level?

- Sedentary
- Lightly active
- Moderately active
- Very active

4. What is your primary health goal?

- Lose weight
- Gain muscle
- Improve general health
- Improve sleep
- Manage a health condition
- Other: _____

Section 2: Health & Technology Usage

5. Which of the following health tracking tools do you currently use? (Select all that apply)

- Smartwatch
- Fitness band
- Nutrition tracking app
- Sleep tracking app
- None

6. How often do you check your health data?

- Multiple times per day
- Once per day
- A few times per week
- Rarely

Section 3: Health Background (Optional)

7. Do you have any of the following personal health conditions? (Select all that apply)

- High blood pressure
- Diabetes
- Heart disease
- Obesity
- Mental health conditions (anxiety, depression, etc.)
- None
- Prefer not to say

Section 4: Attitudes Toward Digital Health

8. How interested are you in using a platform that combines multiple health metrics (sleep, activity, nutrition, etc.) in one place?

- 1 = Not interested at all
- 2 = Slightly interested
- 3 = Moderately interested
- 4 = Very interested
- 5 = Extremely interested

9. How important is it for you to receive personalized health recommendations based on your data?

- 1 = Not important
- 2 = Slightly important
- 3 = Moderately important

- 4 = Very important
- 5 = Extremely important

10. How easy would a health platform need to be for you to use regularly?

- Very simple
- Somewhat simple
- Neutral
- Somewhat complex
- Very complex

Section 5: AI & Trust

11. How comfortable are you with the idea of receiving health recommendations generated by AI?

- 1 = Very uncomfortable
- 2 = Uncomfortable
- 3 = Neutral
- 4 = Comfortable
- 5 = Very comfortable

12. I would trust a digital health platform to identify potential health risks or trends based on my data.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly agree

Section 6: Data Privacy

13. How is your concern about the privacy of your health data in a digital platform?

- 1 = Not concerned

- 2 = Slightly concerned
- 3 = Moderately concerned
- 4 = Very concerned
- 5 = Extremely concerned

Section 7: Data Integration

14. How valuable would it be for you to see all your health data (sleep, activity, nutrition, etc.) integrated into one platform?

- 1 = Not valuable
- 2 = Slightly valuable
- 3 = Moderately valuable
- 4 = Very valuable
- 5 = Extremely valuable

Section 8: Feature Preferences

15. Which health markers would you most like to track on a personal health platform? (Select all that apply)

- Blood work (cholesterol, glucose, etc.)
- Macronutrients (protein, carbs, fat)
- Micronutrients (vitamins, minerals)
- Sleep patterns
- Physical activity / exercise
- Stress / mental health
- Other: _____

16. What type of feedback or recommendations would you like to receive? (Select all that apply)

- Daily activity summary
- Nutritional guidance
- Sleep improvement tips
- Trend alerts for concerning health markers

- Goal achievement progress reports
- Other: _____

Section 9: Barriers

17. What would prevent you from using a personal health platform?
(Open-ended)

Section 10: Usage Preferences

18. How frequently would you like to receive updates or recommendations?

- Daily
- Weekly
- Bi-weekly
- Monthly
- Other: _____

Section 11: Adoption & Satisfaction

19. How likely are you to continue using a platform like this long-term?

- 1 = Very unlikely
- 2 = Unlikely
- 3 = Neutral
- 4 = Likely
- 5 = Very likely

20. How likely are you to recommend a personal health platform to friends or family if it meets your expectations?

- 1 = Very unlikely
- 2 = Unlikely
- 3 = Neutral

- 4 = Likely
- 5 = Very likely