**Survey of women’s views about the use of the presented monitoring system**

Project Title: (WE-PPLuS): WEarable technologies for Positive Pregnancy LifestyleS

**Protocol/Study number:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Participant identification number:** \_\_\_\_\_\_\_\_\_\_\_\_

You have kindly agreed to take part in our study of the use of the presented monitoring system in maternity care. We now invite you to tell us about your views and experiences of this new process. Thank you for taking part in this final, important part of our study. The survey only takes about 5 minutes.

This survey is **anonymous**. This means that your name can never be linked to your answers. Please, do not write your name on the survey.

**Please circle the answer that best describes your experience/opinion:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very high** | **High** | **Average** | **Low** | **Very low** | **No strong views** |
| **How you would rate the idea of using the proposed monitoring system in maternity care?** | **1** | **2** | **3** | **4** | **5** | **-** |
| **How you would rate your overall experience with the procedure of the new monitoring system?** | **1** | **2** | **3** | **4** | **5** | **-** |
| **How comfortable was the procedure for you?** | **1** | **2** | **3** | **4** | **5** | **-** |

**Would you like to see the presented system used in the future for pregnant women?**

Yes 🞏

No 🞏

**Please explain your answer to the question above:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What (if anything) was the best feature/factor of the new method?**

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**What (if anything) was the worst feature/factor of the new method?**

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**Please share any additional comments about your experience or suggestions, if you have any.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your time!**

**Please hand the form back to the researcher!**

**Notes:** *If the participant is not able to read and/or write the researcher will read every part of this survey and complete the answers in writing on behalf of the participant. In this case, a second member from the research team or a literate person selected by the participant will have to witness the procedure; check that participant’s answers were transferred exactly as they were said and if everything is correct signed this document.*

**Witness**

I have witnessed the accurate reading and completion of this survey. The individual has had the opportunity to ask questions, if anything was not clear or clarification was required. I confirm that the individual was nor guided or influenced by any way from the researcher completing this survey on her behalf.

**Name of the witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement by the researcher completing this survey**

I have accurately read out every part of this survey to the participant, and to the best of my ability made sure that the participant understood the questions. I confirm that the participant was given an opportunity to ask questions, and all the questions have been answered to the best of my ability. I confirm that the participant has not been coerced or guided to provide any type of responses.   
  
**Name of the researcher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the researcher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**