

Supplemental Material S2. Feedback questions elicited following data collection.



How comfortable was the **sensor** to wear?



1	2	3	4	5
---	---	---	---	---



Not at
all

Some-
what

Very
much

How easy was the **sensor** to apply?



1	2	3	4	5
---	---	---	---	---



Very
difficult

Some-
what

Very
easy

How easy was it to set up / close down the **sensor**
and smartphone?



1	2	3	4	5
---	---	---	---	---



Very
difficult

Some-
what

Very
easy



How comfortable was the **GPS** to wear?



1	2	3	4	5
---	---	---	---	---



Not at
all

Some-
what

Very
much

How easy was the **GPS** to put on?



1	2	3	4	5
---	---	---	---	---



Very
difficult

Some-
what

Very
easy

How easy was it to turn the **GPS** on and off?



1	2	3	4	5
---	---	---	---	---













Very
difficult

Some-
what

Very
easy

Day 1 – Example						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start: 6:00am	7:00am	8:00am	9:00am	10:00am	11:00am	12:00pm
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time	Type of Location / Activity				People	
Hour 1 8:00	 Home <input checked="" type="checkbox"/>	 Park <input type="checkbox"/>	 Gym <input type="checkbox"/>	Something else? <input type="checkbox"/>	 Alone <input type="checkbox"/>	 With Others <input checked="" type="checkbox"/>
Hour 2 9:00	 Home <input checked="" type="checkbox"/>	 Park <input type="checkbox"/>	 Gym <input type="checkbox"/>	Something else? <input type="checkbox"/>	 Alone <input checked="" type="checkbox"/>	 With Others <input type="checkbox"/>

How easy was the **log** to use?



1	2	3	4	5
---	---	---	---	---



Very
difficult

Some-
what

Very
easy

Additional Feedback?: