

**Appendix. Survey Questions without PSS-10 and PANAS.**

What is your current age in years? \_\_\_\_\_

What is your gender?  Male  Female

What is your highest level of education?

- High School or Equivalent  Some College  Vocational Training  Bachelors Degree
- Graduate Degree

Please indicate if you have been medically diagnosed with any of the listed health

- Anxiety  Depression  Obsessive Compulsive Disorder (OCD)  Post Traumatic Stress Disorder (PTSD)

How long have you been using Sensate device?

- < 1 Month  1 Month  2 Months  3 Months  4 Months  5 Months  6 Months
- > 6 Months

How frequent do you use the Sensate device?

- 0 Days per week  1 Day per week  2 Days per week  3 Days per week  4 days per week
- 5 Days per week  6 Days per week  7 Days per week

Over the past month, what is the usual duration of your Sensate device session?

- <10 Minutes  10 Minutes  11-20 Minutes  21-30 Minutes  >30 Minutes

Prior to using Sensate, For how long were you feeling (anxious, nervous, jittery, scared, worry, dread) stressed?

Not applicable-Stress was managed     < 1 Month     1-2 Months     3-4 Months     5-6 Months

> 6 Months

Prior to using Sensate, how often did you feel (anxious, nervous, jittery, scared, worry, dread) stressed?

Never     Sometimes or On occasion     Often     Always

Since using Sensate, please indicate how any listed conditions have changed. (NA= Not applicable since I do not have this health issue.)

	NA	Greatly Improved	Improved	No Change	Worsened
Anxiety	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
OCD	<input type="checkbox"/>				
PTSD	<input type="checkbox"/>				