Supplementary material – Figure III: App Evaluation Questionnaire Study ID: Date: We would like your views on the exercise app. All feedback will be helpful and treated in the strictest confidence. Could you please rate the different aspects of the exercise app in this questionnaire (please circle as appropriate). Section A – General information Which device did you use the app on? 1. iPhone – please specify model: iPhone 4S iPhone 5 iPhone 6 Phone 5S iPhone 6 Plus iPhone 5C iPad Air 2. iPad – please specify model: iPad 2 iPad Mini iPad 3 iPad Mini 2 iPad 4 3. iPod Touch (5G model) How easy was it to install the app on your device? 3.Rather difficult 4.Difficult 1.Very easy 2. Fairly easy On average, how often did you use the app during the study? 1. Several times a day 2. Almost daily 3. Few times a week 4. Few times a month Section B – App design and usability The app was reliable and there were no technical issues 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree It was difficult to learn how to use the app 1. Strongly agree 3. Disagree 2. Agree 4. Strongly disagree It was easy to navigate through the app (e.g. moving between the screens) 1. Strongly agree 2. Agree 4. Strongly disagree 3. Disagree The text for labels and buttons was clear and concise 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree The design of the app was too overwhelming (e.g. too many links or features) 4. Strongly disagree 1. Strongly agree 2. Agree 3. Disagree The app looked very appealing and enhanced my experience 2. Agree 3. Disagree 1. Strongly agree 4. Strongly disagree The colours used provided poor contrast and poor readability 3. Disagree 1. Strongly agree 2. Agree 4. Strongly disagree

The font size and spacing of text ensured good readability

1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree

The app kept me highly motivated and engaged throughout my use of it

1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree

<u>Supplementary material – Figure III: App Evaluation Questionnaire – continued</u>

| | ontent ere the videos of the exerc 2. Somewhat useful | | _ | session)? useful at all |
|--|---|--|--------------------|----------------------------|
| | re the videos (images)? 2. Somewhat clear | 3. Clear | 4.Not | clear at all |
| How clear was 1. Very clear | s the sound? 2. Somewhat clear | 3. Clear | 4.Not clear at all | |
| How confusing were the instructions of each video? 1. Very confusing 2. Confusing 3. Somewhat confusing 4.Not confusing at all | | | | |
| How useful wa 1. Very useful | as it to have reminders for 2. Somewhat useful | | 4.Not | useful at all |
| | as it to do the daily ratings 2. Somewhat useful | s (mood, pain, flexi 3. Useful | • , | vuseful at all |
| How useful we 1. Very useful | ere the charts of the daily 2. Somewhat useful | ratings? 3. Useful | 4.Not | useful at all |
| Section D – Overall Rating How helpful did you find the app after surgery? 1. Not at all helpful 2. Somewhat helpful 3.Helpful 4.Very useful | | | | |
| Would you recommend this app to other women with breast cancer? 1. Would not recommend 2. Would maybe recommend 3. Would definitely recommend | | | | |
| What is your overall star rating of the app? 1. * One of the worst apps I've used 2. ** | | | | |
| 2. 3. *** 4. **** | Average | | | |
| 5. **** | One of the best apps I've t | used | | |
| Please write any other comments below | | | | |
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Thank you very much for completing the questionnaire.

Please return it to SHORE-C in the stamped and addressed envelope.