

Questionnaire

Participant ID: _____

Permissions

In this study, you were asked to share different types of data from your mobile device. Please circle one response for each of the 5 items below.

	Strongly Disagree	Disagree	Disagree Somewhat	Neither Agree nor Disagree	Agree Somewhat	Agree	Strongly Agree
	1	2	3	4	5	6	7
I am sensitive about sharing the contacts stored on my phone.	1	2	3	4	5	6	7
I am sensitive about sharing the text messages stored on my phone.	1	2	3	4	5	6	7
I am sensitive about sharing my apps stored on my phone.	1	2	3	4	5	6	7
I am sensitive about sharing the photos stored on my phone.	1	2	3	4	5	6	7
I am sensitive about sharing the browsing history stored on my phone.	1	2	3	4	5	6	7

Experience

In this study, you made some decisions about sharing different types of data from your mobile device. Please circle one response for each of the items below.

	Neither Agree nor Disagree						
	Strongly Disagree	Disagree	Disagree Somewhat	4	Agree Somewhat	Agree	Strongly Agree
1	2	3	4	5	6	7	
I personally had control over whether or not my data was shared.	1	2	3	4	5	6	7
I personally had control over what data was shared.	1	2	3	4	5	6	7
Overall, the default settings on what data to share were appropriate for me.	1	2	3	4	5	6	7
I was satisfied with the amount of time it took to complete the task.	1	2	3	4	5	6	7
I was satisfied with the ease of completing this task.	1	2	3	4	5	6	7
It was easy to use this system.	1	2	3	4	5	6	7

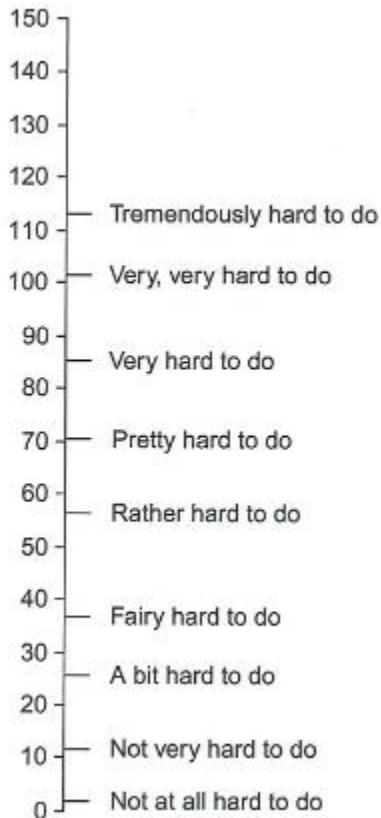
Trade-offs

In this study, you were able to share your data in exchange for points. Please indicate **the minimum amount of points** for which you would be willing to share each data type below.

	Minimum amount of points required	
The contacts stored on my phone	_____	or: <input type="checkbox"/> I would never share
The text messages stored on my phone	_____	or: <input type="checkbox"/> I would never share
The apps stored on my phone	_____	or: <input type="checkbox"/> I would never share
The photos stored on my phone	_____	or: <input type="checkbox"/> I would never share
The browsing history stored on my phone	_____	or: <input type="checkbox"/> I would never share

Effort

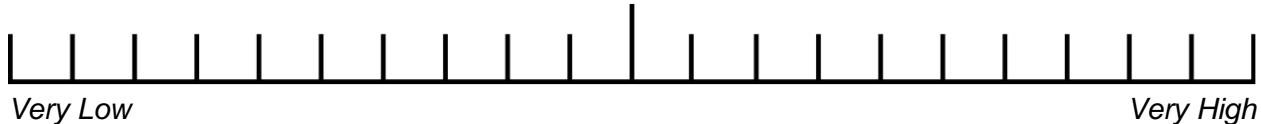
Please indicate, by marking the vertical axis below, how much effort it took for you to complete the task you've just finished.



Please indicate your response by putting a cross on each scale in the items below.

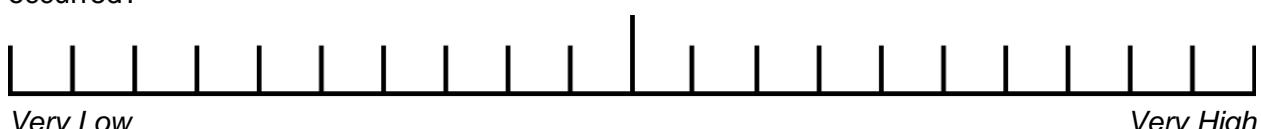
Mental demand

How mentally demanding was the task?



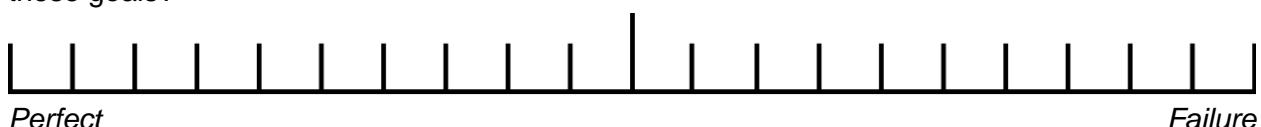
Temporal demand

How much time pressure did you feel due to the rate or pace at which the task elements occurred?



Performance

How successful do you think you were in accomplishing the goals of the task set by the experimenter (or yourself)? How satisfied were you with your performance in accomplishing these goals?



Frustration level

How insecure, discouraged, irritated, stressed, and annoyed did you feel during the task?



Effort

How hard did you have to work to accomplish your level of performance?

