**Figure S1:** Comfort level questionnaire for study participants (Adapted from: Knight, J.; Baber, C.; Schwirtz, A.; Bristow, H. The comfort assessment of wearable computers. In Proceedings of the IEEE Sixth International Symposium on Wearable Computers, White Plains, NY, USA, 21–23 October 2003; Volume 2, pp. 65–74).

Emotion Low/High

I am worried about how I look when I wear this device. I feel tense or on edge because I am wearing the device.



Attachment Low/High

I can feel the device on my body. I can feel the device moving.



Harm Low/High

 The device is causing me some harm. The device is painful to wear.



Perceived change Low/High

Wearing the device makes me feel physically different. I feel strange wearing the device.



Movement Low/High

The device affects the way I move. The device inhibits or restricts my movement.



Anxiety Low/High

 I do not feel secure wearing the device.



1. Can you tell me which device you preferred and why?
2. Is there anything else you want to provide about the DBC-NI device you would like to see?