Welcome

Thank you for participating in the second phase of our study on personalized support group systems. Based on your responses from the first phase, you have been assigned to a hypothetical support group. Before beginning this survey, you were provided with a short description of your assigned group via email. Please refer to that description as you answer the following questions.

Participation Details: This phase will take approximately 25–30 minutes to complete. Your responses will be kept confidential, stored securely, and analyzed only in aggregate form. By proceeding, you agree to participate in this follow-up survey.

Please enter the same email address you used in the first survey. This information will be used only to match your responses across the two surveys and will be deleted after the data are linked. Your email address will not be shared or used for any other purpose.

Overall Satisfaction and Suggestions for Real-World Application

Based on the information provided about your assigned support group, please rate the following on a scale where 1 = Very dissatisfied and 5 = Very satisfied. (Please answer based on the description provided.)

	1	2	3	4	5
How satisfied are you with the matching process in terms of the suitable of the support group for you?	○	○	○	○	○
How satisfied are you with your overall experience of being matched to this group?	○	○	○	○	○

Would you recommend a similar personalized support group system to others in online health communities?

- ○ Yes, definitely
- ○ Maybe, with improvements
- ○ No

Please suggest one improvement that could make the assigned support group experience better. (Open-ended)

Initial Impressions and Satisfaction with Group Match

How relevant is this group to your current needs (e.g., emotional support, health advice)?

- ○ 1 = Not relevant at all
- ○ 2
- ○ 3
- ○ 4
- ○ 5 = Highly relevant

To what extent does the group composition align with your expectations regarding the following aspects? (Likert scale for each: 1 = Not aligned at all, 5 = Very well aligned)

Group Size: The number of members in the group.
Member Profiles: The similarity of member characteristics to your own (e.g., shared condition or needs).
Group Diversity: The mix of different perspectives or experiences within the group.

	1	2	3	4	5
Group Size	○	○	○	○	○
Member Profiles	○	○	○	○	○
Group Diversity	○	○	○	○	○

Please explain why this support group does or does not align with your expectations. Be as specific as possible about aspects you like and/or any concerns you might have. For example, do you wish that the group was larger or smaller and why. (Open-ended)

Feedback on Matching Process

To what extent do you think this group would meet your health-related needs?

- 1 = Not effective at all
- 2
- 3
- 4
- 5 = It would completely meet my health-related needs

To what extent do you think this group would meet your emotional support needs?

- 1 = Not effective at all
- 2
- 3
- 4
- 5 = It would completely meet my emotional support needs

How likely would you be to actively engage with this group if it were a real support group?

- 1 = Extremely unlikely

- 2
- 3
- 4
- 5 = Extremely likely

Would you find a support group with members who are similar to you more helpful or would a group with diverse members better meet your needs? By “similar,” we mean characteristics such as: shared health condition (e.g., diabetes, anxiety), similar demographics (e.g., age, gender, race/ethnicity), similar life stage or caregiving roles (e.g., college students, parents, caregivers). (Open-ended)

Engagement with Group Activities

Below are three activities that could be available in your support group. Please indicate your level of interest in each activity.

	Definitely Interested	Maybe Interested	Not at all Interested
Activity 1: Daily Highlight and Goal Sharing (A daily post summarizing key group highlights and space to share your personal goals.)	○	○	○
Activity 2: Live Group Sessions and Drop-in Chats (Scheduled live video or audio sessions for group discussions and casual drop-in chats.)	○	○	○
Activity 3: Resource and Tip Sharing Library (A curated collection of articles, tips, and resources shared by group members and facilitators.)	○	○	○
Other, please specify	○	○	○

For each activity, please briefly explain why you would or would not participate.

Preference for Platform Context: Would you prefer this support group to be part of a larger online health community or a standalone platform?

- ○ A larger online health community
- ○ A standalone platform
- ○ No preference

Reason for Preference: Please explain your platform preference. (Open-ended)

Would you be interested in joining a similar group if it were available in a real online health community?

- ○ Yes
- ○ Maybe, with some modifications.
- ○ No

If you selected "Maybe," what modifications would make the group more suitable for you?

Privacy, Anonymity, and Data Usage in Group Matching

The algorithm to create the support group uses your data to personalize the match. How comfortable do you feel with the automated system accessing the following data types to match you with this group? (1 = Not at all comfortable, 5 = Very comfortable)

	1	2	3	4	5
Your health condition or diagnosis	○	○	○	○	○
Your demographic information (e.g., age, gender, race/ethnicity)	○	○	○	○	○
Your prior support group participation history	○	○	○	○	○

	1	2	3	4	5
Your activity in the platform (e.g., posts, engagement patterns)	○	○	○	○	○
Your explicitly stated preferences (e.g., preferred group size or format)	○	○	○	○	○

Please explain your comfort with the algorithm using the different types of data.

Would you prefer human involvement in the matching process?

- ○ Yes, humans should be involved
- ○ No, I do not think humans need to be involved
- ○ I have no preference

(If Yes) How would you want humans to be involved in the matching process? (Open-ended)

How would you prefer to interact with peers in the online support group? (Select all that apply)

- [ ] Text-based discussions
- [ ] Audio messages
- [ ] Video calls
- [ ] A combination of the above all
- [ ] No preference

How comfortable did you feel with the privacy and anonymity features provided in your assigned group?

- ○ 1 = Not comfortable at all
- ○ 2
- ○ 3
- ○ 4
- ○ 5 = Extremely comfortable

What features are most important to your participation in the personalized support group? (Please rank from 1 = Most important to 10 = Least important.)

Secure and private communication channels

Personalized recommendations for resources and health content

Regular notifications or updates from group members

Ability to communicate with peers anonymously

Moderated discussions led by trained facilitators

Peer support and guidance from individuals with similar experiences

Access to a library of health information and self-care tools

Integration with personal health tracking apps or devices

Video and audio chat options for more direct communication

Other, please specify

Please rank the following forms of anonymity based on their importance to you in an online support group.

	1 = Not at all important	2	3	4	5 = Extremely important
Ability to post content anonymously	○	○	○	○	○
Using only usernames without revealing real names (e.g., as in MedHelp)	○	○	○	○	○
Complete anonymity, where no personal or identifying information is shared	○	○	○	○	○
Anonymity during live or face-to-face interactions (if applicable)	○	○	○	○	○

Did the assigned group's setup (e.g., nickname use, pseudonyms, visibility settings) meet your expectations for privacy?

- ○ Yes
- ○ No
- ○ Somewhat

What are your primary concerns, if any, regarding the privacy of your data in a personalized support group system? (Open-ended)

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