**Supplementary material**

**Morning, midday, and late afternoon cellular ecological momentary assessments (CEMA)**

Questions and response choices from the morning, midday, and late afternoon CEMA. All questions are included in each of the three assessments, except for the first question (Q1) that queries on hours of sleep last night and is only asked in the morning assessment. An asterisk (\*) indicates multiple choice questions that allow participants to select more than one response choice.

**Q1. How many hours in total did you sleep last night?**

\_\_ \_\_ Hours

**Q2. How would you describe your mood at this moment?\***

Sad

Calm

Stressed

Tired

Happy

Upset

Energetic

Irritable

Bored

Focused

**Q3. Have you felt stressed in the last two hours?**

Not at all

Slightly

Moderately

Very

**Q4. What was the cause of your stress?\***

Finances

Work / School

Lack of control

Family / Relationships

Health

Traffic

Other

**Q5. Have you eaten since you completed your last diet survey?**

No

Yes

*If Q5 = ‘No’, then remaining questions (Q6 – Q11) are skipped and assessment ends.*

**Q6. Who did you eat with?\***

Alone

Friends

Family

Co-workers

Other

**Q7. Was this a snack or a meal?**

Snack

Meal

**Q8. How was this food prepared?\***

Restaurant

Fast food

Home made

Prepared (i.e., deli, salad bar)

Frozen dinner

Other

**Q9. Rate the nutritional quality of this meal?**

Low

Medium

High

**Q10. How hungry were you before eating?**

Very

Moderately

Slightly

Not at all

**11. How much did you eat?**

Too little / Not enough

Just right

Too much

**End-of-day (bedtime) assessment**

Questions and response choices from the end-of-day assessment. An asterisk (\*) indicates multiple choice questions that allow participants to select more than one response choice.

**Q1. Have you exercised today?**

No

Yes

**Q2. Were you planning to exercise today?**

No

Yes

*Q3 is skipped if Q1 = ‘No’ and Q2 = ‘Yes’.*

**Q3. What prevented you from exercising as planned?\***

Child care

Work

Personal needs

Household responsibilities

Injured, in pain

Social function

Medical emergency

No energy

No access

Other

*If Q1 = ‘No’, then assessment skips to Q9.*

**Q4. How many minutes of light exercise did you do today? (No increase in breathing or heart rate, e.g. stretching)**

\_\_ \_\_ \_\_ Minutes

**Q5. How many minutes of moderate exercise did you do today? (Small increase in breathing or heart rate, e.g. fast walking)**

\_\_ \_\_ \_\_ Minutes

**Q6. How many minutes of vigorous exercise did you do today? (Significant increase in breathing or heart rate, e.g. running)**

\_\_ \_\_ \_\_ Minutes

**Q7. Describe the types of exercise you did today?\***

Walk

Run

Yoga

Outdoor cycling / Sports

Indoor sports

Gym

Swim

Other

**Q8. Who did you do this exercise with?\***

Alone

Friends

Child

Partner / Spouse

Co-workers

Class or group

Other

**Q9. What other kinds of physical activity did you do today?\***

None

Housework / Gardening

Carrying light loads

Carrying heavy loads

Active play with children

Walking

Other

**Q10. How much time did you have to yourself today?**

None

Less than 30 minutes

30 minutes to 1 hour

More than 1 hour

More than 2 hours

**Q11. How stressful was your day overall on a scale of 1-5 (with 5 being very stressful)?**

1

2

3

4

5

**Q12. How healthy would you rate your eating today, in terms of both quality and quantity, on a scale of 1 to 5 (with 5 being very healthy)?**

1

2

3

4

5

**Food button question**

After a participant clicked the “food button” on their mobile phone and took a picture of their meal, a message was displayed on the mobile phone to “tag” the image using the following list of response choices. Multiple choices were allowed.

**Tag this image**

Snack

Meal

Planned

Unplanned

Very hungry before eating

Uncomfortably full after eating