Less carrot more stick: promoting health behavior change with deposit contracts
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Appendices

**Curriculum Vitae**

David de Buisonjé was born on 18 June 1988 in Amsterdam, the Netherlands. He started his studies at Etty Hillesum Lyceum Deventer where he received his HAVO diploma in 2005. In 2009 he obtained a Bachelor in architecture from Saxion University of applied sciences in Enschede. After realizing that it was people (rather than bricks) which sparked his curiosity, he decided to pursue a degree in Psychology at Radboud University Nijmegen. There he received a Bachelor (cum laude) with a specialization in social psychology, and a Master (bene meritum) with a specialization in health behavior change in 2014.

In 2015, David started working as a behavior analyst for the digital health startup Selfcare. In this role, David collaborated with the company founders, software programmers and designers to develop and implement a digital health behavior change platform. In 2017, David started his PhD project at Leiden University. During his PhD project, David initiated a collaboration with the Centre for Digital Health Interventions at ETH Zürich in Switzerland to develop a smartphone application that was used for two field experiments included in this dissertation. Furthermore, David initiated a collaboration with the company Waybetter Inc. in the United States to perform research on their data. During his PhD, David was elected to represent the PhD candidates for a one-year term as spokesperson in the daily board of the department of Health, Medical and Neuropsychology at Leiden University.

In 2021, while wrapping up his PhD dissertation, David started as project lead of the innovation project ‘Healthy Society Map’. His role is to coordinate a multidisciplinary team of researchers, policy makers, public health advisors and designers from the province Zuid-Holland, the Municipal Health Services (GGD) and Leiden-Delft-Erasmus universities, with the aim to improve public health research and policy. He currently combines this role with a postdoctoral position at the department of Human Centered Design at TUDelft where he continues his research on (financial) incentives for health behavior change.

David remains committed to study and develop digital tools that support health behavior change, preferably on the intersection between product development, scientific research and policy making.
Completing this dissertation was only possible with the help and support of the many great people around me. Here, I want to acknowledge their contributions and thank some of them.

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David