



# ENSAFE – User Satisfaction Surveys

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*Project Acronym:* ENSAFE  
*Project full title:* Elderly-oriented, Network-based Services Aimed at independent liFE  
*AAL project number:* AAL 2014-1-112  
*With support of:*





## Questions for Caregivers

### **1. Hardware and Software**

**What technology did you use as part of the ENSAFE Pilot?**

List and describe functionality.

### **2. Meeting ENSAFE Objectives and Motivation**

**Using ENSAFE device(s) made me feel supported when providing care**

Yes / No

**If Yes** - Please describe how using your ENSAFE device made you feel supported.

**Using ENSAFE device(s) gave me peace of mind**

Yes / No

**If Yes** - Please describe why using your ENSAFE device gave you peace of mind.

**Using ENSAFE device(s) enabled me to provide more efficient care**

Yes / No

**If Yes** - Please describe how using ENSAFE device(s) enabled you to provide more efficient care.

**Using ENSAFE device(s) enabled me to improve the quality of care I provide**

Yes / No

**If Yes** - Please describe how using ENSAFE device(s) enabled you to improve the quality of care you provide.



**I felt motivated to use the ENSAFE device(s)**

Yes / No

**If No** - Please describe why you did not feel motivated to use the ENSAFE device(s)

### **3. Ease of Access / Use**

**I experienced some difficulty with using ENSAFE device(s)**

Yes / No

**If No** - Please describe why your ENSAFE was difficult to use.

**I experienced some technical difficulty with the ENSAFE device(s)**

Yes / No

**If No** - Please describe what difficulties you experienced with your ENSAFE device(s).

**I needed some support from others in order to use ENSAFE device(s)**

Yes / No

**If No** - Please describe what support you required to use your ENSAFE device(s).

### **4. Organisational impact**

**Using ENSAFE device(s) negatively impacted the relationship between me and the individuals I provide care for**

Yes / No

**If Yes** - Please describe how ENSAFE device(s) negatively impacted the relationship between you and the individuals you provide care for.



### ***Formal Caregivers Only***

#### **Using ENSAFE device(s) negatively impacted my work routine**

Yes / No

**If Yes** - Please describe how ENSAFE device(s) negatively impacted your work routine.

### **5. Psychological and Relational Impact**

#### **The presence of the ENSAFE device(s) enabled the individual I care for to be more socially connected to others (e.g. friends/family)**

Yes / No

**If Yes** - Please describe how the ENSAFE device enable the individual you care for feel more socially connected with others.

#### **The presence of the ENSAFE device(s) changed the behaviour of the individual I care for**

Yes / No

**If Yes** - Please describe how the ENSAFE device changed the behaviour of the individual you care for.

#### **The presence of the ENSAFE device(s) made the individual I care for feel anxious/uncomfortable**

Yes / No

**If Yes** - Please describe why the ENSAFE device made the individual you care for feel anxious / uncomfortable.

### **6. Pricing / Willingness to Pay**

You have been part of a pilot with the ENSAFE device(s). The results of this pilot will be used to further develop the ENSAFE device(s). However our goal is to bring the ENSAFE device(s) to the market. That's why we would like to answer some questions about pricing and willingness to pay.

Please remember when answering the following questions that the typical price of a smartphone or tablet in <<country>> is <<value>> and the typically monthly price of a smartphone or tablet contract is <<value>>



**Based on your experience of using your ENSAFE device(s), how much would you be willing to pay to purchase the device(s) as a one off payment?**

**Based on your experience of using your ENSAFE device(s), how much would you be willing to pay each month to rent the device(s)?**