**Part D:**

**Demographic administered as set out in the agreed research timeline this record is then anonymised.**

**Personal data:**

**Project ID number (given by researcher): …………………….**

Age: ........................................................

Gender (circle): male / female

Hometown: ………………………………………..

**Health**

Disorders (circle): Yes / No

(if yes, please specify):

Age-related disorders (circle): Yes / No

(if yes, please specify):

Careline / Pendant alarm (circle): Yes / No

Assistive Devices (circle): Yes / No (if yes, please indicate which ones?):

* Hearing aid (left ear / right ear / both ears)
* Glasses / contact lenses / other visual aids
* Mobility aids (walking stick etc., please specify): ................................................
* Other (please specify): ..………………………….………

**Social environment**

How many children do you have? ……… children

How many (great) grandchildren do you have? . ... ... .. grandchildren and …………… great-grandchildren

What is your highest level of schooling (please indicate):

* Primary School
* Lower secondary (up to 14 years)
* Higher secondary (O level, technical, comprehensive, grammar, modern)
* Higher education (A level, 6th form, HND)
* Higher education (university, graduate)
* Other (please specify:) .... ................................................................ ....

What is applicable to you (please indicate)?

* I live alone
* I live with my partner
* I live with family
* I live with friends
* Other (please specify): …..

**Social environment**

Informal Care and support (Circle of Care)

Informal Carers

These may be neighbours, friends and family who visit you and help you. This also includes people and places in the community you visit or use regularly.

Who is in your circle of care?

Who visits you on a regular basis?

Please give the name, relation to this person and average times per week that the informal Carer has contact with you, e.g. Bea, daughter, comes twice a week):

……………

Why does the informal Carer come by? / What do they help you with?

…………

Formal or Professional Carers or Support Workers are employed to help people at home, they may be nurses employed by the NHS, social workers employed by the Council or Carers employed by a private company.

Who visits you on a regular basis? (name + profession, eg. Emma, home nurse)

…………

Why do the professional caregivers come by? / What do they help you with?

…………

Informal Carers are friends and family who help a person with some or all of their daily activities

Who do you visit or help on a regular basis, how often and what do you do to help them?.......

**Part H:**

**Historical attitude to technology, administered as set out in the agreed research timeline**

**Achieved through conversation:**

How familiar were you with technology? For example, in your previous work or other roles? ………

How about now?

…….

What do technology do you currently use:

* Phone
* Mobile / Smartphone
* PC
* Laptop
* Tablet
* Game device e.g. Nintendo, Xbox
* Smart TV
* Specialist technology such as GPS
* Careline or Telecare sensors

What do you currently use technology for?

* SMS, texting
* Social media e.g. Facebook, twitter
* e-mail
* Information lookup – e.g. Google
* word processing
* play games
* Internet at home / library / other: visit / email /
* banking transactions
* purchases
* Something else: please specify:……

Can you access the internet? Y/N

Where do you access the internet

* Home
* Library
* Community
* Other

**Part W:**

**Wellbeing scale administered as set out in the agreed research timeline**

**WHO-QOL – (Validated measure) see attachment**

**Part G:**

**General attitudes towards the use of Assistive technology within the project.**

**To be completed as set out in the agreed research timeline.**

**General Use:**

Here are some general questions about what you think about the technology you have used in the project.

Is the new technology easy to use?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| complicated, difficult to use |  | easy, self-evidentintuitive |

Is the new technology reliable? Does it work as promised (circle)?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| unreliable,does not work as promised |  | reliable, works as promised |

In your opinion, can the new technology help you to keep living at home independently? Yes / No

Why (not)?: ………………

In your opinion, can the new technology help other older people to live at home independently? Yes / No

Why (not)?: ………………

Would you like to continue using the new technology? Yes / no

Why (not)?: ………………

Would you recommend the new technology to someone else? Yes / No

Why (not)?: ………

**Part S:**

**Attitudes towards the use of specific Assistive Technology Sensors within the project.**

**To be completed only where specified technology has been used by the individual, at the frequency set out in the agreed research timeline.**

Here are some questions about what you think about the specific items of technology you used.

**Nourish APP**

How often did you use the APP over the past 3 months?

* daily
* several times a week
* weekly
* several times a month
* monthly
* several times
* never

What did you use the APP for in the last 3 months?

* To communicate with family and friends (informal carers)
* To communicate with professional caregivers (Formal Carers)
* As an agenda
* for other things, please specify.:

...........

How do you find the APP/Tablet?

* easy to use
* difficult to use

What problems did you experience using the APP? How often and when? ………………

How were they resolved?

What do you find positive or helpful using the APP? How often and when?………

How did using the APP affect:

|  |
| --- |
| * Your communication with people who help and look after you?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your contact with the outside world?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more communicatie |
| * Your sense of loneliness?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| negative invloed |  | Neutral |  | positive invloed |
| * Your sense of security?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less safe |  | Neutral |  | safer |
| * Your sense of privacy?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less privacy |  | Neutral |  | More privacy |
| * Your sense of Choice and Control?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your sense of support?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your Confidence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your independence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your levels of stress?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |

**Telecare (Home sensors/smart things)**

**If used**

How often has the Telecare/Home sensor system notified you that something went wrong during the past 3 months?

* + daily
	+ several times a week
	+ weekly
	+ several times a month
	+ monthly
	+ several times
	+ never

How did you find the Telecare/Home sensors function?

* + easy to use
	+ difficult to use

What kind of problems have you experienced using the Telecare/home sensors function?: ………

How were these resolved?

What did you experience as being positive or helpful using the Telecare/home sensors function?: ………………

How does the use of the Telecare/home sensors function affect:

|  |
| --- |
| * Your communication with people who help and look after you?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your contact with the outside world?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more communicatie |
| * Your sense of loneliness?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| negative invloed |  | Neutral |  | positive invloed |
| * Your sense of security?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less safe |  | Neutral |  | safer |
| * Your sense of privacy?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less privacy |  | Neutral |  | More privacy |
| * Your sense of Choice and Control?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your sense of support?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your Confidence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your independence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your levels of stress?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |

**Buddi GPS Locators**

**If used**

How often did you use your GPS-locator to determine your location in the past 3 months?

* daily
* several times a week
* weekly
* several times a month
* monthly
* several times
* never

What were your findings regarding the use of the GPS-locator?

* easy to use
* difficult to use

What problems did you experience using the GPS-locator?:

………………………

How were these resolved?

………

What did you experience as being positive or helpful using the GPS-locator?: ……………………….

How did the use of the GPS-locator affect:

|  |
| --- |
| * Your communication with people who help and look after you?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your contact with the outside world?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more communicatie |
| * Your sense of loneliness?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| negative invloed |  | Neutral |  | positive invloed |
| * Your sense of security?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less safe |  | Neutral |  | safer |
| * Your sense of privacy?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less privacy |  | Neutral |  | More privacy |
| * Your sense of Choice and Control?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your sense of support?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your Confidence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your independence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your levels of stress?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |

**OBLI**:

If used

How many times has the alarm function of the hydration monitoring indicated that you should drink more over the past 3 months?

* daily
* several times a week
* weekly
* several times a month
* monthly
* several times
* never

What were your findings using the hydration monitoring?

* easy to use
* difficult to use

What problems did you have using the hydration monitoring ?

………………

How were these resolved?

What did you experience as being positive or helpful using the hydration monitoring?………………

How did the hydration monitoring affect:

|  |
| --- |
| * Your communication with people who help and look after you?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your contact with the outside world?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more communicatie |
| * Your sense of loneliness?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| negative invloed |  | Neutral |  | positive invloed |
| * Your sense of security?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less safe |  | Neutral |  | safer |
| * Your sense of privacy?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less privacy |  | Neutral |  | More privacy |
| * Your sense of Choice and Control?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your sense of support?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your Confidence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your independence?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Your levels of stress?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |

Are there other things you would like to say about your participation in this project?