**Part D:**

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

**Personal data: Incl**

**Project ID number…………………….**

Name:

Age:

Gender M/F

Hometown:

Occupation:

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 help a person with some or all of their daily activities. This also includes local services and people and places in the community visited regularly such as cafes, shops, hairdressers.

Who do you know in the circle of care?

Project ID no of the person of whom you are an informal Carer: ...........................................................................................................

Below, this person is called "the Client."

Your relation to the Client:

* I'm Family

please specify : Daughter / grandchild / in-law / Sister etc

* I am a neighbour
* I am a friend
* I am an acquaintance e.g. from Church or another community source or service
* other:

With whom is information being communicated about/with the Client?

* between different informal Carers
* between informal Carers and professional s or Support Workers
* between different professional s or Support Workers
* between Client and informal Carers
* between Client and professional caregivers
* between Client, informal Carers and professional caregivers
* No one
* other: ……………………....................................................................................

If so, by what means?

* Verbal/Face to face

formal talks / informal talks

* patient diary
* mail
* phone
* email
* other: ....................................................................................................................

How often do you visit the Client:

* + several times a day
  + daily
  + several times a week
  + weekly
  + several times a month
  + other: .....................................................................................................

How often do you Support the Client in other ways? E.g. telephone calls to the client or other people in their circle of care, support to pay bills or access online services and information.

…………………………………………………………………………………

Reason (s) why you visit, what do you help or support the Client with?

…………………………………………………………………………………

Who else do you visit/help on a regular basis (name + relation to this person + frequency contact: average times / week that you spend with these people?

…………………………………………………………………………………

Professional caregivers

These 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 else visits the client on a regular basis? (name + profession, eg. Emma, home nurse)

…………………………………………………………………………………

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

…………………………………………………………………………………

Do you receive care yourself? How does this impact on your ability to support the Client?

…………………………………………………………………………………

**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**

Caregiver scale

**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-evident  intuitive | | | |

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 the Client living at home independently? Yes / No

Why (not)?: ………………

In your opinion, can the new technology help Carers to support 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 the client
* To communicate with family and friends (informal caregivers)
* To communicate with professional caregivers
* 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 the Client | | | | | | | | | | | | | | |
| * Your communication with Professional Caregivers? | | | | | | | | | | | | | | |
| -5 | -4 | -3 | | -2 | -1 | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| less | | |  | | | Neutral | | |  | | | more | | |
| * Your Communication with other Informal Carers | | | | | | | | | | | | | | |
| -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)**

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 the client | | | | | | | | | | | | | | |
| * Your communication with Professional Caregivers? | | | | | | | | | | | | | | |
| -5 | -4 | -3 | | -2 | -1 | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| less | | |  | | | Neutral | | |  | | | More | | |
| * Your Communication with other Informal Carers | | | | | | | | | | | | | | |
| -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 | | |

**GPS Locators**

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 the client | | | | | | | | | | | | | | |
| * Your communication with Professional Caregivers? | | | | | | | | | | | | | | |
| -5 | -4 | -3 | | -2 | -1 | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| less | | |  | | | Neutral | | |  | | | more | | |
| * Your Communication with other Informal Carers | | | | | | | | | | | | | | |
| -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**:

How many times has the alarm function of the hydration monitoring indicated that the Client 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 the Client | | | | | | | | | | | | | | |
| * Your communication with Professional Caregivers? | | | | | | | | | | | | | | |
| -5 | -4 | -3 | | -2 | -1 | | 0 | 1 | | 2 | 3 | | 4 | 5 |
| less | | |  | | | Neutral | | |  | | | more | | |
| * Your Communication with other Informal Carers | | | | | | | | | | | | | | |
| -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? ……………………………………………………………………………