Content guide for Secondary User

**Part D: PER CLIENT**

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

**Project ID number…………………….**

**Personal data: Incl**

Name: …………………………………………………………………………

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

Gender (circle): male /female

Hometown: ……………………………………………………………….

Occupation: ……………………………………………………………………

Project ID no of the person of whom you are a Support Worker: ...........................................................................................................

Below, this person is called "the Client."

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

* between different informal Carers
* between informal Carers and professionals 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 conversation / informal conversation

* 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
* others, please specify: ........................................................................

Reason (s) why you visit the client? What outcomes are you trying to achieve?

…………………………………………………………………………………

How long have you spent looking for information about this person so far?

……………………………………..

Thinking about activities other than direct care, 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 etc.

…………………………………………………………………………………

Out of these activities what does the client report are most helpful to them?

…………………………………………………………………………………

**Part H: PER SW**

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

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
* Work Paid/Voluntary
* Something else: please specify:……

Can you access the internet? Y/N

…………………………………………………………………………………

Where do you access the internet

* Home
* Library
* Community
* Other

**Part G: PER SW**

**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 the Client living at home independently? Yes / No

Why (not)?: ………………

In your opinion, can the new technology help other Carers to support 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: PER SW**

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

**To be completed 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 informal Carers of the Client
* To communicate with professional caregivers
* To communicate with colleagues
* As an agenda/task list
* for other things, please specify.:

...........

How do you find the APP?

* 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 Informal Carers
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your communication with your Colleagues?
 |
| -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 Informal Carers
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  More |
| * Your communication with your colleagues?
 |
| -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**

How often did you use your GPS-locator to determine your Clients 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 Informal Carers
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your communication with your colleagues?
 |
| -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 Informal Carers
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Your communication with your colleagues?
 |
| -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  |

**IMPACT ( please answer PER CLIENT?)**

In your opinion and with this client, how did using the technology affect?:

**The Client**

|  |
| --- |
| * Missed appointments
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Risk of admission to permanent care
 |
| * Risk of Admission to Hospital
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Risk of Falls
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| less |  | Neutral |  |  more |
| * Risk of Dehydration or UTI
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less |  | Neutral |  |  more communicatie |
| * Tracking Progress and achievement of Outcomes (Motivation)
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| negative invloed |  | Neutral |  | positive invloed |
| * Levels of stress in informal carers
 |
| **You as a Support Worker** |
| * Your sense of flexibility and autonomy?
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less safe |  | Neutral |  | safer |
| * Your ability to monotor client progress toward outcomes
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less privacy |  | Neutral |  | More privacy |
| * Access to detailed information pripr to seeing clients?
 |
| -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  |
| * Quality of time spent with Clients??
 |
| -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  |
| * Time needed to record information after visits
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Connectivity Issues
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Time when the tablet is available for use
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |
| * Access to discharge information
* Time when the tablet is available for use
 |
| -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 |
| Less  |  | Neutral |  | More  |

Time spent looking for information about the client?

Less Neutral More

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