

## Survey on the needs and expectations towards technology based training programs in elderly aged 65+

As part of an international project, The Institute of Human Movement Science of the ETH Zurich conducts a survey on your view and attitude about different aspects concerning the development of a new technology based training program. With your support we'd like to develop a training program which helps you staying physically and cognitive fit and healthy. Thank you very much for your help!

### Example:

Please specify your agreement/disagreement with the following sentence on a scale from 1 to 5.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
I like to help with this survey.	1	2	3	<del>4</del>	5

### Start of the survey:

Please specify your agreement/disagreement with all of the following sentences on a scale from 1 to 5.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
I feel physically fit and healthy.	1	2	3	4	5
I feel cognitive fit and healthy.	1	2	3	4	5
I feel old.	1	2	3	4	5
I'm an active person and move a lot.	1	2	3	4	5
I do not move a lot in my daily life.	1	2	3	4	5
I feel unsure afoot.	1	2	3	4	5
I suffer from age-related visual constraints.	1	2	3	4	5
I suffer from age-related auditive constraints.	1	2	3	4	5
I can easily put on my socks and my shoes.	1	2	3	4	5
I like to meet new people.	1	2	3	4	5
I enjoy participating in social events/activities.	1	2	3	4	5
I use social networks like Facebook.	1	2	3	4	5

**Do you own these items in your household?**

Television	Yes	No
Computer	Yes	No
Laptop, notebook	Yes	No
Tablet computer (e.g. iPad)	Yes	No
Smartphone	Yes	No
Game console (e.g. Nintendo, PlayStation)	Yes	No
Access to internet	Yes	No

**Please specify your agreement/disagreement with all of the following sentences on a scale from 1 to 5.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I'm really interested in new technology.	1	2	3	4	5
I oppose the technical progress.	1	2	3	4	5
The technological progress is fascinating to me.	1	2	3	4	5
I'd like to test new technological devices.	1	2	3	4	5
I have a lot of experience with technological devices.	1	2	3	4	5
The handling of modern technological devices is easy for me.	1	2	3	4	5
I have experiences with video games.	1	2	3	4	5

**We'd like to develop a training program to improve physical and cognitive functioning based on new technology. Please specify with the following aspects how important they are to you.**

	Not important	Rather not important	Neutral	Rather important	Very important
Big screen	1	2	3	4	5
Easy use and handling	1	2	3	4	5
Tasks autonomously selectable	1	2	3	4	5
Tasks predetermined	1	2	3	4	5
Variety	1	2	3	4	5
Continuous feedback on training progress	1	2	3	4	5
Data safety	1	2	3	4	5
Appealing design	1	2	3	4	5
Scientific foundation	1	2	3	4	5
Entertainment/fun	1	2	3	4	5

Please specify your agreement/disagreement with all of the following sentences on a scale from 1 to 5.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
A lot of cables distract me from using a device.	1	2	3	4	5
I'm afraid of technical problems.	1	2	3	4	5
I think it's appropriate to use bracelets at arms and legs to measure movements.	1	2	3	4	5
I'd like to have a „coach“ guiding through the training program.	1	2	3	4	5
I would like to choose the sex of this coach by my own.	1	2	3	4	5
I think it's important that there is music included in the training.	1	2	3	4	5
I guess it would be fun to use such a training program.	1	2	3	4	5
I'd like to play video games to train my physical and cognitive functions.	1	2	3	4	5
I can imagine that video games which require movements have a good training effect.	1	2	3	4	5
I would be afraid of falls and injuries while using the program.	1	2	3	4	5
It would be great to play together with others.	1	2	3	4	5
I think such training programs are useful for health.	1	2	3	4	5
I would like to conduct this training at my place independently.	1	2	3	4	5

**Please answer the following questions.**

How often per week would you use such a training program?	<b>Never</b>	<b>1x</b>	<b>2x</b>	<b>3x</b>	<b>&gt;3x</b>
How much time would you invest in one training session?	<b>15min</b>	<b>20min</b>	<b>30min</b>	<b>45min</b>	<b>60min</b>
Do you know Tai Chi?	<b>Yes</b>	<b>No</b>			
<i>If yes:</i> Do you like to do Tai chi movements?	<b>Yes</b>	<b>No</b>	<b>Neutral</b>		
Do you like dancing?	<b>Yes</b>	<b>No</b>	<b>Neutral</b>		
<i>If yes:</i> What kind of dances do you like the most?	<b>Individual</b>		<b>In pairs</b>		<b>In a group</b>
What styles do you prefer the most (e.g. ballroom dancing, Latin dance, traditional dance)?	_____				

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**In the end, there are some questions concerning personal details:**

Sex  male  female

Age in years \_\_\_\_\_

Civil status  single  married  widowed  divorced

Form of living  private household  
 rest or nursing home  
 flat share  
 other form of living

Number of people in the household \_\_\_\_\_

Children  yes  no if yes, number: \_\_\_\_\_

Highest education  primary school  
 upper school  
 apprenticeship  
 high school/gymnasium  
 university

Previously professional activity  sitting  
 mainly sitting  
 both with 50%  
 mainly physical active  
 physical active

Actual sport activity/movement  yes  no

*If yes: What?* \_\_\_\_\_

How many times per week?  1x  2x  3x  >3x

How many hours per week (h/w)?  <1 h/w  1-3 h/w  >3 h/w

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**THANK YOU VERY MUCH FOR YOUR HELP!**

**Please send the filled questionnaire to:**

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**Or per mail to:**

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