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## DOCUMENT IDENTIFICATION

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## KEY INFORMATION FROM 'DESCRIPTION OF WORK'

DELIVERABLE DESCRIPTION	The deliverable includes the research methodology and the implementation plan for the two SUCCESS field studies: a) the first study has a qualitative focus (includes 16 carers and 20 PwD they care for in the two trial sites of Austria and Romania); b) the second field study has a quantitative focus (in sum 60 carers and 60 PwD they care for will be invited to use the system for six month).
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## ABBREVIATIONS

ABBREVIATIONS	DESCRIPTION
AAL	Active and Assisted Living
AAL CMU	AAL Central Management Unit
PwD	Person with Dementia

## TABLE OF CONTENTS

ABBREVIATIONS	II
TABLE OF CONTENTS	III
EXECUTIVE SUMMARY	1
1. ABOUT THIS DOCUMENT	2
1.1 ROLE OF THE DELIVERABLE	2
1.2 RELATIONSHIP TO OTHER SUCCESS DELIVERABLES	2
1.3 STRUCTURE OF THIS DOCUMENT	2
2. AIM AND STRUCTURE OF THE TRIALS	3
3. CONCEPT AND METHODOLOGY OF THE QUALITATIVE TRIAL	3
3.1 THE GENERAL OBJECTIVE OF THE FIRST FIELD TRIAL	3
3.2 SPECIFIC OBJECTIVES	3
3.3 STUDY SETUP	4
3.3.1 DURATION	4
3.3.2 PARTICIPANTS	4
3.3.3 DESIGN OF THE TRIAL	4
3.3.4 VARIABLES OF INTEREST AND INSTRUMENTS TO BE USED	4
3.4 STUDY PROCEDURE	6
3.4.1 KICK-OFF MEETING	6
3.4.2 TELEPHONE FOLLOW-UP	6
3.4.3 ON-GOING FEEDBACK	6
3.4.4 FACE TO FACE FOLLOW-UP AFTER 6 WEEKS	7
3.4.5 INFORMED CONSENT	7
3.4.6 DATA ANALYSIS	7
3.4.7 DATA MANAGEMENT	8
3.4.8 ACCESS TO DATA	8
3.4.9 REIMBURSEMENT	8
3.4.10 MATERIAL NEEDED	8
4. QUANTITATIVE TRIAL CONCEPT AND METHODOLOGY	10
5. APPENDIX A	11
5.1 INFORMED CONSENT (ENGLISH)	11
5.2 DEMOGRAPHIC DATA (ENGLISH)	14

5.3	ZARIT CAREGIVER BURDEN SCALE (ENGLISH)	15
5.4	WHOQOL-BREF (ENGLISH)	17
6.	APPENDIX B	21
6.1	USABILITY METRIX FOR USER EXPERIENCE (ENGLISH)	21
6.2	INTERVIEW GUIDELINE INFORMAL CARE GIVERS (ENGLISH)	22
6.3	INTERVIEW GUIDELINE FORMAL CARE GIVERS (GERMAN)	30

## EXECUTIVE SUMMARY

This deliverable describes the aim and methodology of both the qualitative and quantitative field trials. Those studies are done in Austria and Romania, conducted by the partners EUR, AIT and RAS.

The aim of the first field trial is to test the first integrated prototype (in terms of acceptance, reliability and performance). The feedback will be subsequently used as input for the further development resulting in the second integrated prototype (during the 2<sup>nd</sup> integration phase) and finally for the second field trials. After the 3<sup>rd</sup> integration phase, the final prototype will be developed.

For the qualitative trial altogether 16 carers and 20 Persons with Dementia (PwD) they care for will be included in the two trial sites of Austria and Romania. For the second field study, which has a quantitative focus, in sum 60 carers will be invited to use the system for six months and the outcomes for 60 PwD they care for will also be monitored.

The results of the qualitative and quantitative trial will be described in D5.2 (Report of the User Trials and Evaluation).

## 1. ABOUT THIS DOCUMENT

### 1.1 ROLE OF THE DELIVERABLE

This deliverable serves as common document for the methodological conduction and analysis of the qualitative and quantitative trial which will be carried out in Austria and Romania.

### 1.2 RELATIONSHIP TO OTHER SUCCESS DELIVERABLES

The deliverable is related to the following SUCCESS deliverables:

DELIVERABLE	RELATION
D5.2 Report of the User Trials and Evaluation	The data collected automatically by the system and information gathered from the end-users in surveys, diaries, inter-views, questionnaires etc. is evaluated and conclusions are drawn in a final evaluation report.

### 1.3 STRUCTURE OF THIS DOCUMENT

Chapter 2 describes the aim of the qualitative and quantitative trials.

Chapter 3 describes the concept and methodology of the qualitative trial.

Chapter 4 describes the concept and methodology of the quantitative trial.

Appendix A presents the materials to be used during the Kick-off meeting (qualitative trial).

Appendix B presents the materials to be used during the six-week follow-up interview (qualitative trial).

## 2. AIM AND STRUCTURE OF THE TRIALS

Based on initial plans, initial user needs assessment (through ethnographic studies) as well as feedback provided on a first prototype (in the framework of two previous lab trials) the SUCCESS team has developed and built up a controlled environment running a special pilot application of the SUCCESS application. This includes mechanisms for monitoring the performance and reliability of the system, deploying updates, and remotely collecting the user feedback.

With the first field trial we aim to evaluate the platform in terms of user experience and its impact on caregiver satisfaction and burden and quality of life with a qualitative focus. After analysing those trials and adapting the prototype, a second field trial with 60 caregivers (and 60 PwD) will be conducted focusing again on the evaluation of user experience and its impact on the caregiver satisfaction and burden and quality of life but with a more quantitative focus. The caregivers will be equipped with the SUCCESS application and will — in addition to a comprehensive evaluation of the system — provide information on selected indicators such as improved caregiver satisfaction, reduced care burden, behavioural problems of the PwD (see section 1.4) in a pre-post design.

Table 1: Overview on study design of the two field trials

Aim	Method	Users	UCD activity
Evaluation of user interfaces, services, acceptance, user experience, investigate effects on users; improve the system	Field-based study (qualitative focus).	each 8 (in-)formal carers in AT and RO / each 10 PwD in AT and RO	Evaluate designs against requirements
Evaluation of user interfaces, services, acceptance, user experience, investigate effects on users; improve the system	Field-based study; pre–post design (quantitative focus)	each 30 (in-)formal carers in AT and RO / each 30 PwD in AT and RO	Evaluate designs against requirements

## 3. CONCEPT AND METHODOLOGY OF THE QUALITATIVE TRIAL

### 3.1 THE GENERAL OBJECTIVE OF THE FIRST FIELD TRIAL

The general objective of the first field trial is to evaluate the first integrated prototype of the SUCCESS app in terms of user experience (acceptance, reliability, performance) and its impact on caregiver satisfaction and burden and quality of life. As this trial intends to create a use context that is as realistic as possible, i.e. allow the users an experience grounded in their regular everyday life, the methodological interventions were intentionally kept at a minimum level.

### 3.2 SPECIFIC OBJECTIVES

The specific objectives of the qualitative trial are:

- a) To understand the user experience, acceptance and satisfaction
- b) To obtain feedback on the interaction with the avatar
- c) To obtain feedback on the SUCCESS draft business models

- d) To explore changes in care
- e) To analyse frequency and patterns of use for the SUCCESS App
- f) To test/pilot a set of quantitative instruments which will be used in the quantitative trial to assess the burden of care and quality of life for caregivers and the stage of disease and the behavioural problems of PwD

### 3.3 STUDY SETUP

#### 3.3.1 DURATION

The qualitative trial is planned to take place between 21<sup>st</sup> /22<sup>nd</sup> of May and 29<sup>th</sup> /30<sup>th</sup> of June (for a total of six weeks).

#### 3.3.2 PARTICIPANTS

A total number of 16 caregivers and 20 PwD in two countries (i.e. Romania and Austria) will be involved in the trial. The caregiver category will include an opportunistically decided mix of formal and informal caregivers, of all genders and age groups (however, they should be at least 18 years old).

Involved **informal caregivers** are family members or relatives, who aid and supervise for a person living with dementia, as for example the husband, wife, daughter, son, daughter-, son-in-law, mother, father or a friend.

Involved **formal caregivers** are people, who professionally care for a person living with dementia (as an occupation). Thus, they have some kind of medical background but not necessarily are trained to care for a PwD. Formal caregivers involved in the study may work, for example, in a care home, a hospital, day care center, or as professional caregiver in a PwD's home.

#### 3.3.3 DESIGN OF THE TRIAL

The trial will have three different stages, as follows:

1. Kick off meeting
2. Field phase
  - i. Telephone follow-up after 1 week
  - ii. On-going feedback through dedicated social network channel *or* diary
3. Retrospective face to face follow-up after 6 weeks

#### 3.3.4 VARIABLES OF INTEREST AND INSTRUMENTS TO BE USED

In this trial, we will collect socio-demographic data both for the caregiver and the person with dementia s/he cares for. In addition, for the carer we will also collect data on the usage of the app, both from the carers' perspective through interviews and through the SUCCESS app usage tracking data.

Additionally, the qualitative field trial will be used as a kind of test setting to evaluate some quantitative scales that will be used during the second field trial (e.g., Zarit scale, WHOQOL-BREF scale) (see section 0).

In the following, we provide an overview on data that will be collected during the trial:

- *Data about the carer (formal/informal)*
  - Socio-demographic data (gender, age, highest completed education, occupation, family status)
  - Background and care situation of formal/informal care giver (e.g., experience in the field of dementia care)
  - User experience data
    - User acceptance and satisfaction
    - User experience: utility, accessibility, ease-of-use and joy-of-use
    - Feedback on interaction design
    - Feedback on service design
    - Feedback on the interaction with the avatar
  - Feedback on business models
  - Changes in care (e.g., in terms of interaction with the PwD)
- *System use patterns and frequency automatically collected through the app (usage tracking)*
  - Usage frequency and duration for the general app
  - Usage frequency and duration of each content type (articles, video, avatar lecture)
  - Usage frequency of the features (learn and train, emotional support, meaningful activities)
  - Time of day for usage of the features
  - Search history
  - Number of quick info selected in a situation

#### **Qualitative methods to be used:**

- Group discussion (kick-off workshop)
- Social media feedback channel (throughout the study)
- Narrative interviews (telephone call after one week)
- Semi-structured interview (individual interviews at the end of the study)

#### **Quantitative instruments to be used**

- Burden of care: Zarit scale (pre-test only) (see Appendix A)
- Quality of life: WHOQOL-BREF scale (pre-test only) (see Appendix A)
- Behavioural problems in Dementia: Revised Memory and Behaviour Problems Checklist (pre-test only)
- Stage of dementia: Quick Dementia Rating Scale (QDRS) (pre-test only) (see Appendix B)
- BIG Five Inventory (BFI-10) (Romania, Austria)
- User experience: Usability Metrix for User Experience (UMUX)(Romania only) (see Appendix B)

## 3.4 STUDY PROCEDURE

### 3.4.1 KICK-OFF MEETING

The kick-off meeting will gather all caregiver participants (eight per country) and will last max. 2 hours (see Table 2). The objectives of the meeting are:

- To provide information about the trial methods and options to give feedback (i.e., messages, photos, videos, speech messages via social networks if participants wish; could be WhatsApp, Skype, Telegram, Facebook Messenger, etc.),
- To obtain informed consents,
- To provide information to the caregivers in terms of using the app
- To collect socio-demographic data and to fill in the Zarit and WHOQOL-BREF questionnaires,
- To answer the questions of the participants
- Scheduling the telephone call after one week with each participant.

Table 2: Agenda Kick-Off Meeting

Agenda Kick-Off Meeting	Duration
Reception of participants	10.30 – 11.00
Welcome; overview of the meeting agenda; introduction of participants	11.00 – 11.15
Information about the project, presentation of the scope, goals and methods of 1 <sup>st</sup> field trial, ethical and data management aspects (discussion and informed consent)	11.15 – 11.30
Installation of the app; guided tour and trial of the features	11.30 – 12.00
Q&A session; information about option to give us feedback Data collection (socio-demographic data, questionnaires)	12.00 – 12.10 12.10 – 12.25
Giving thanks, reimbursement, farewell	12.25 – 12.30
<b>TOTAL</b>	<b>2 h</b>

The materials used for the kick-off meeting are included in Appendix A.

### 3.4.2 TELEPHONE FOLLOW-UP

The objective of the telephone follow-up is to obtain feedback on possible difficulties encountered while using the app and provide support where needed. Besides the “on the fly” telephone interview, there is no scheduled interaction with the participants during the field phase.

### 3.4.3 ON-GOING FEEDBACK

The objective of the ongoing feedback is to record difficulties encountered with using the SUCCESS app *in situ*. The participants will be able to use their preferred method (i.e., messages, photos, videos, speech messages) and social networks of choice (e.g., WhatsApp, Skype, Telegram, Facebook Messenger, etc.) to get in contact with the SUCCESS research team. Allowing communication via habitual channels prohibits interference with their everyday life besides the usage of the SUCCESS app and minimizes methodological bias by distorting and interferences of new technology-supported communication channels.

#### 3.4.4 FACE TO FACE FOLLOW-UP AFTER 6 WEEKS

At the end of the six-week trial period, one-hour individual interviews are planned with the 16 caregivers included in the trial. The objective of the semi-structured interviews is to obtain feedback about the use of the SUCCESS app in terms of user acceptance and satisfaction, user experience, interface design, service design, interaction with avatar and business models. In order to do so, we will use the semi-structured interview guide (see Appendix B).

#### 3.4.5 INFORMED CONSENT

Article 17 of the Protocol to the Convention on Human Rights in Biomedicine or Biomedical Research states: “No research on a person may be carried out without the informed, free, express, specific and documented consent of the person”.

This places a legal obligation on observers to obtain and record consent from participants or their guardians on the basis of information that should be given to them before their participation begins. In the present project, all participants will be fully informed and asked in advance to state that they are fully aware of the experimental procedure, the potential risks or benefits and that their participation is completely voluntary by signing an informed consent form (see Appendix A).

Participants have the right to withdraw their consent at any time without penalty and without providing reason. Participants can also require that their data is withdrawn from the study and destroyed/deleted. There will be arrangements for safe and straightforward cessation of use by an individual who initially agreed to participate but later decides to withdraw from the study.

Informed consent forms will include all subsets of the following details:

- that the project involves research,
- overall purpose of the project,
- experimental procedure,
- potential risks and benefits,
- inclusion/exclusion criteria,
- the person to contact for further information regarding the project
- the rights of project subjects,
- whom to contact in the event of project related injury,
- planned usage of the data,
- possible commercial exploitation.

#### 3.4.6 DATA ANALYSIS

The qualitative data gathered during the interviews will be analysed by means of a thematic analysis (e.g., using ATLAS.ti) in order to identify main issues and improvement suggestions reported by users as well as aspects of their general satisfaction when using the SUCCESS app.

Questionnaires will be statistically analysed by using SPSS software. However, the main purpose of quantitative data collection in the framework of the qualitative trial is the piloting of instruments.

All issues that come up during the study will be collected and documented in the issue tracking system to inform technical partners and to allow for adapting the prototype for the second field trial.

#### 3.4.7 DATA MANAGEMENT

According to the EU data protection and privacy regulations, people have the right to protection of their privacy and personal data. The right to privacy entitles everyone to respect for his or her private and family life, home and communications. The right to data protection entitles everyone to the protection of personal data concerning him or her.

The users' personal data in SUCCESS is processed fairly for specified purposes and based on the consent of the person concerned or some other legitimate basis laid down by law. SUCCESS also guarantees that every participant has the right to access data, which has been collected concerning him or her, and the right to have it rectified. The right to privacy includes the right to control personal data. That is, the user must be aware of the data, the time period for which they are stored, and people who have access to the information. Further, the user has the right to object to the data processing.

#### 3.4.8 ACCESS TO DATA

Within this study, only employees of the respective organization that conducts the study will have access to the raw data. These are employees of RAS in Romania and employees of AIT in Austria. It is stated explicitly that data will be transferred from one partner to another within the consortium only after it was made pseudonymous. That means AIT (and the rest of the SUCCESS consortium) will only get access to pseudonymized data from the study conducted in Romania and RAS (and the rest of the SUCCESS consortium) will only get access to pseudonymized data from the study conducted in Austria.

#### 3.4.9 REIMBURSEMENT

Participants of the study will be given a reimbursement in the amount of 50 Euro in Austria for their time efforts in participating in the study. The costs for reimbursements are taken over by EUR/AIT in case of Austrian participants.

#### 3.4.10 MATERIAL NEEDED

- Agenda
- Signed agreement of the institution (care home, hospital, etc.)
- Informed Consent

- SUCCESS App installation file
- Interview guide
- Questionnaires
- Voice recorder (for the interview at the end; Smartphone, etc.)
- Reimbursement
- Reimbursement form

## 4. QUANTITATIVE TRIAL CONCEPT AND METHODOLOGY

The methodology for the 2<sup>nd</sup> SUCCESS field trial will be reported in the M21 version of this deliverable.

## 5. APPENDIX A

### 5.1 INFORMED CONSENT (ENGLISH)

## INFORMED CONSENT

### 1. INTRODUCTION

The study described below is part of the research project Successful Caregiver Communication and Everyday Situation Support in dementia care (SUCCESS). This project receives funding as part of the funding programme AAL. You have been invited to participate in this study. Before you agree to participate in this study, please read all information carefully and do not hesitate to ask if you have any questions regarding the study or the potential benefits and risks involved.

### 2. GOAL OF THE RESEARCH PROJECT

The general objective of the study (a qualitative field trial) is to test the first integrated prototype of the SUCCESS app in terms of user experience (acceptance, reliability, performance) and its impact on caregiver satisfaction and burden and quality of life.

By participating in this study and providing feedback you actively contribute to improvement of the SUCCESS app. Your feedback will be used to improve and optimise the features of the SUCCESS app.

### 3. CONDITIONS OF PARTICIPATION

Participation in this scientific study is voluntary. You may withdraw or stop your participation at any time without incurring legal or other consequences. Once you have decided to withdraw from the study and have notified the study leader of your decision, your data will not be used in any subsequent phases of the project. It will not, however, be possible to alter any documents containing your data which have already been published or project reports prepared for the funding provider.

### 4. TARGET GROUP

The persons participating in this study are carers of persons with dementia, who have a caring experience of at least one year and own (and use) an android smart phone that can support the SUCCESS app.

### 5. PROCEDURE

Place: Bucharest and Vienna

Duration of study: 6 weeks (21/22 May – 29/30 June)

Description of study task(s):

The trial will have four different stages, as follows:

4. Kick off meeting
5. Telephone follow-up after 1 week
6. On-going feedback through dedicated social network channel OR diary
7. Face to face follow-up after 6 weeks:

You will receive [EUR [...] in compensation for participation after signing Annex./1 and following confirmation by the project manager of the study.] / You will receive no compensation for participation.

## **6. POTENTIAL RISKS**

You do not incur any risk by participating in this study.

## **7. CONFIDENTIALITY**

All personal details and data will be kept strictly confidential and anonymous. The data collected by us will not be able to be used to track your identity at a later date. The information gathered as part of this study will be published in reports on the research project or in scientific papers in the form of statistical evaluations or scenarios without including any personal details. The SUCCESS team will pseudonymise/encrypt/anonymise or otherwise secure any type of personal data used for scientific purposes, as required, so that your name or other personal data cannot be identified by third parties. The personal data provided by you on a voluntary basis will be stored in such a way that only the SUCCESS team has access to them. Personal data will not be disclosed to third parties without your express consent.

## **8. CONTACT**

If you require further information about your rights as a study participant or the study itself, or if you have further questions or wish to abort the study, please contact [...]

## **9. CONSENT**

I have read and understood the Declaration of Consent.

I hereby give AIT permission to use the data (i.e. demographic data, questionnaires and opinions presented in recorded interviews or otherwise) obtained by means of research activities conducted in the framework of SUCCESS first field trial. I furthermore agree that these data are processed for purposes of analysis and used for obtaining results for the SUCCESS study and project.

I will receive [EUR ...] in compensation for participation in the study / I will receive no compensation for participation in the study.

I hereby declare that I have been fully compensated for my activities and for any rights of use granted and warrant that I will not make any further claims against AIT, [...] or third parties.

I, the undersigned, hereby declare that at the time of signing this Declaration of Consent,

- I am of full age and legal capacity.

I am not of full age and/or legal capacity [requires additional signature by legal guardian]

Amendments and modifications to this Declaration of Consent shall be made in writing to be valid. This shall also apply to any waiver of the written form requirement.

This agreement is governed by the laws of the ..... to the exclusion of the conflict of laws rules. The exclusive place of jurisdiction shall be Vienna.

Date / Place

\_\_\_\_\_  
Signature

\_\_\_\_\_

[FULL NAME IN BLOCK LETTERS]

I hereby agree to the participation and use of data as stated above in my capacity as legal guardian

Date / Place

\_\_\_\_\_  
Signature

\_\_\_\_\_

[FULL NAME IN BLOCK LETTERS]

## 5.2 DEMOGRAPHIC DATA (ENGLISH)

**DEMOGRAPHIC DATA**

Please answer the following questions about yourself. Once again, we would like to point out that all data collected within the scope of these studies are treated anonymously and confidentially.

<b>Age</b>	Month of birth / year of birth: _____ / _____
<b>Gender</b>	female <input type="radio"/> male <input type="radio"/> no answer <input type="radio"/>
<b>Highest completed Education</b>	
<input type="radio"/>	Elementary school
<input type="radio"/>	Professional School / Apprenticeship
<input type="radio"/>	General qualification for university entrance
<input type="radio"/>	University
<input type="radio"/>	Others: _____
<b>Family Status (multiple choice)</b>	
<input type="checkbox"/>	single
<input type="checkbox"/>	married
<input type="checkbox"/>	living in a partnership
<input type="checkbox"/>	widowed
<input type="checkbox"/>	divorced
<b>Occupation</b>	
<input type="radio"/>	full-time employed
<input type="radio"/>	part-time employed
<input type="radio"/>	on maternity leave / leave of absence
<input type="radio"/>	in-service training
<input type="radio"/>	unemployed (including students, who are not working, people, who are retired or early retired)
<b>Relationship with PwD</b>	
<b>Main carer of the PwD</b>	Yes <input type="radio"/> No <input type="radio"/>
<b>Live in the same house as the PwD</b>	Yes <input type="radio"/> No <input type="radio"/>
<b>Age PwD</b>	Month of birth / year of birth: _____ / _____
<b>Gender PwD</b>	female <input type="radio"/> male <input type="radio"/> no answer <input type="radio"/>
<b>Year of diagnostic</b>	
<b>MMSE score</b>	

## 5.3 ZARIT CAREGIVER BURDEN SCALE (ENGLISH)

**ZARIT CAREGIVER BURDEN SCALE**

The next set of questions asks about how often certain situations arise as a result of any emotional support or physical assistance that you provide to the person you are caring for.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1. How often do you feel that [he/she] asks for more help than [he/she] needs?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. How often do you feel that because of the time you spend with [him/her] that you don't have enough time for yourself?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. How often do you feel stressed between caring for [him/her] and trying to meet other responsibilities for your family or work?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. How often do you feel embarrassed over [his/her] behavior?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. How often do you feel angry when you are around [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. How often do you feel that [he/she] currently affects your relationships with other family members or friends in a negative way?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. How often are you afraid of what the future holds for [him/ her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. How often do you feel [he/she] is dependent on you?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. How often do you feel strained when you are around [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. How often do you feel your health has suffered because of your involvement with [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

11. How often do you feel that you don't have as much privacy as you would like because of [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. How often do you feel that your social life has suffered because you are caring for [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. How often do you feel uncomfortable about having friends over because of [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. How often do you feel that [he/she] seems to expect you to take care of [him/her] as if you were the only one [he/she] could depend on?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. How often do you feel that you don't have enough money to take care of [him/her] in addition to the rest of your expenses?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. How often do you feel that you will be unable to take care of [him/her] much longer?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. How often do you feel you have lost control of your life since [his/her] illness?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
18. How often do you wish you could leave the care of [him/her] to someone else?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. How often do you feel uncertain about what to do about [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. How often do you feel you should be doing more for [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. How often do you feel you could be doing a better job in caring for [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. Overall, how often do you feel burdened in caring for [him/her]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## 5.4 WHOQOL-BREF (ENGLISH)

**WHOQOL-BREF**

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

		<i>(Please circle the number)</i>				
		<b>Very poor</b>	<b>Poor</b>	<b>Neither poor nor good</b>	<b>Good</b>	<b>Very Good</b>
1.	How would you rate your quality of life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
		<b>Very dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>
2.	How satisfied are you with your health?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		<i>(Please circle the number)</i>				
		<b>Not at all</b>	<b>A little</b>	<b>A moderate amount</b>	<b>Very much</b>	<b>An extreme amount</b>
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4.	How much do you need any medical treatment to function in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5.	How much do you enjoy life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
6.	To what extent do you feel your life to be meaningful?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
		<b>Not at all</b>	<b>Slightly</b>	<b>A Moderate amount</b>	<b>Very much</b>	<b>Extremely</b>
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		<i>(Please circle the number)</i>				
		<b>Not at all</b>	<b>A little</b>	<b>Moderately</b>	<b>Mostly</b>	<b>Completely</b>
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		<b>Very poor</b>	<b>Poor</b>	<b>Neither poor nor well</b>	<b>Well</b>	<b>Very well</b>
15.	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

		<i>(Please circle the number)</i>				
		<b>Very dissa- tisfied</b>	<b>Dissatisfied</b>	<b>Neither sa- tisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>
16.	How satisfied are you with your sleep?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
17.	How satisfied are you with your ability to perform your daily living activities?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
18.	How satisfied are you with your capacity for work?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
19.	How satisfied are you with your abilities?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
20.	How satisfied are you with your personal relationships?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
21.	How satisfied are you with your sex life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
22.	How satisfied are you with the support you get from your friends?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
23.	How satisfied are you with the conditions of your living place?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
24.	How satisfied are you with your access to health services?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
25.	How satisfied are you with your mode of transportation?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

---

<i>(Please circle the number)</i>				
<b>Never</b>	<b>Seldom</b>	<b>Quite often</b>	<b>Very often</b>	<b>Always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?

Did someone help you to fill out this form?  
*(Please circle Yes or No)*

Yes	No
-----	----

## 6. APPENDIX B

### 6.1 USABILITY METRIX FOR USER EXPERIENCE (ENGLISH)

#### THE USABILITY METRIX FOR USER EXPERIENCE

English:

Instruction: "How strongly do you agree with the following statements about SUCCESS? Please rate each statement on the scale from 1="Strongly Disagree" to 7="Strongly Agree"."

	1 (Strongly Disag- ree)	2	3	4	5	6	7 (Strongly Agree)
1) The capabilities of SUCCESS meet my requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Using SUCCESS is a frustrating experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) SUCCESS is easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I have to spend too much time correcting things with SUCCESS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(We will discuss the ratings after wards with the participants. E.g. "You rated the first question with a x. Could you please describe why?")

## 6.2 INTERVIEW GUIDELINE INFORMAL CARE GIVERS (ENGLISH)

### Interview Guideline informal care giver

- May the conversation be recorded? Yes / No
- Apart from the SUCCESS app, have you ever downloaded an app to your SmartPhone that could support you in everyday caregiver activities? (e.g. an advisory) Yes \_\_\_\_\_ / No  
If so, did you pay for it? Yes / No  
If so, how much? \_\_\_\_\_ €
- Can you imagine paying for an app that supports you in your daily care routine? Yes / No  
If so, what would such an app have to offer?
- How much would you be willing to pay? \_\_\_\_\_ €

#### 1. General issues

As you know, the SUCCESS application is not yet a fully finished and perfectly working technology. Therefore, we would be very interested in hearing things that did not work or did not work properly. Can you tell us about anything that happened over the weeks?

#### 2. Changes in care

Please think about the last weeks using the SUCCESS application: Did you experience any changes in your daily care routines or activities? Which ones?

#### 3. General experiences with SUCCESS

- b. Please tell me about your most positive experiences with SUCCESS
- c. Please tell me about your most negative experiences with SUCCESS.
- d. What are your most favourite features of SUCCESS? Why?
- e. Can you tell us whether the SUCCESS App had any impact on aspects on your life?

If not mentioned by the participants, please ask for the following aspects:

- (Care) relationship between carer and PwD
- Potential of retaining care activities for longer time
- Satisfaction with care activities
- Self-confidence in care activities
- Compliance of PwD in care
- Caregiver burden
- Taking more care for oneself

#### 4. Use of Features

- a. Did you use the Learn & Train feature? Yes / No
- If yes: What was your impression?
  - If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
  - If yes: What did you think about the presented information?
  - If yes: What could be done to improve the Learn & Train feature?
  - If no: why?
  - If no: What could be done to improve the Learn & Train feature?
- b. Did you do role plays with the avatar? Yes/No
- If yes: What was your impression?
  - If yes: What did you think about the presented information?
  - If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
  - If yes: To what extent do you consider the avatar to be "suitable" for the interaction in role play?
    - How was the comprehensibility
    - How was the naturalness (facial expressions, gestures, movement, charisma)?
    - What was the appearance like?
    - How did you feel about the emotions shown by the avatar?
  - If yes: What could be done to improve the role plays with the avatar?
  - If no: why?
  - If no: What could be done to improve the avatar role plays?
- c. Did you use the Quick info feature to get fast support in special situations? Yes / No
- If yes: What was your impression?
  - If yes: What did you think about the presented information?
  - If yes: When did you use the Quick info feature?
  - If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
  - If yes: What could be done to improve the Quick info feature?
  - If no: why?
  - If no: What could be done to improve the Quick Info feature?
- d. Did you use the Meaningful activities feature? Yes / No
- If yes: What was your impression?
  - If yes: What did you think about the presented information?

- If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
  - If yes: What could be done to improve the Meaningful activities feature?
  - If no: why?
  - If no: What could be done to improve the Meaningful activities feature?
- e. Did you use the Emotional support feature?      Yes / No
- If yes: What was your impression?
  - If yes: What did you think about the presented information?
  - If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
  - If yes: Did you experience any changes of your emotional state during the last weeks?
  - If yes: What could be done to improve the Emotional support feature?
  - If no: why?
  - If no: What could be done to improve the Emotional support feature?

**5. Avatar in Roleplay (the order of block 6 and 7 is interchanged amongst participants)**

a. Which avatar did you use in the roleplay? F / M

If you haven't tried the role play, which of the two avatars would you rather use?



b. I would like to ask you to look at this avatar and imagine the life of this person. Please tell me how you think this person is like, what their life looks like, what they like to do in their free time and so on.

How well do the following statements describe the personality of the avatar?

	1 = „Dis- agree strongly“	2 = „Dis- agree a little“	3 = „Nei- ther agree nor disa- agree“	4 = „Agree a little“	5 = „Agree strongly“	6 = „I can't make an asses- ment“
(1) He/she is reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) He/she is generally trusting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) He/she tends to be lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) He/she is relaxed, handles stress well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) He/she has few artistic inter-ests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) He/she is outgoing, sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) He/she tends to find fault with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) He/she does a thorough job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) He/she gets nervous easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) He/she has an active imagi-nation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following descriptions characterize changes in the cognitive and functional abilities of the person with dementia. You will now be asked to compare the person as he or she is now with what the person was like before - the main feature is the change. Choose one answer for each category that fits best to the person with dementia

- NOTE, not all descriptions must be available to select an answer.

### 1. MEMORY AND REMEMBRANCE

<input type="checkbox"/>	No obvious memory loss or fluctuating forgetfulness that does not interfere with daily activities.
<input type="checkbox"/>	Constant slight forgetfulness or only partial remembrance of events that can disrupt everyday activities; repeated questions/statements, misplaced objects, forgets appointments.
<input type="checkbox"/>	Mild to moderate memory loss; more noticeable in recent events; impairs everyday activities.
<input type="checkbox"/>	Moderate to severe memory loss; only very well learned information is stored; new information quickly forgotten.

<input type="checkbox"/>	Severe memory loss, almost impossible to retain new information; long-term memory may be impaired.
<b>2. Orientation</b>	
<input type="checkbox"/>	Completely oriented in terms of person, place and time, almost at any time.
<input type="checkbox"/>	Slight difficulties with time recording; forgets the day or date more often than in the past.
<input type="checkbox"/>	Slight to moderate difficulties in tracking the time and sequence of events; forgets month or year; orients to familiar places but gets confused outside familiar areas; gets lost or wanders around.
<input type="checkbox"/>	Medium to severe difficulties, mostly disorientated in terms of time and place (familiar and unknown); often dwells in the past
<input type="checkbox"/>	Only orientated towards the own name, however, can possibly recognize family members.
<b>3. DECISION-MAKING AND PROBLEM-SOLVING SKILLS</b>	
<input type="checkbox"/>	Solves everyday problems without difficulty; manages personal business and financial matters well; decision-making ability equal to previous performance.
<input type="checkbox"/>	Slight impairment or longer time needed to solve problem; problems with abstract concepts; decisions still well-founded.
<input type="checkbox"/>	Moderate difficulty in dealing with problems and making decisions; postpones many decisions to others; social judgment and behavior can be easily impaired; loss of insight
<input type="checkbox"/>	Seriously impaired in dealing with problems, only makes simple personal decisions; social judgment and behaviour often impaired; lack of insight.
<input type="checkbox"/>	Unable to make decisions or solve problems; others make almost all decisions for the patient.
<b>4. ACTIVITIES OUTSIDE THE HOUSE</b>	
<input type="checkbox"/>	Independently in their activity at the usual level of performance in work, shopping, community and religious activities, voluntary work or social groups
<input type="checkbox"/>	Slight impairment of these activities compared to previous performances; slight change in driving ability; still able to cope with emergency situations.
<input type="checkbox"/>	Unable to work independently, but still present and engaged; appears to others as "normal"; noticeable changes in driving skills; concerned about ability to cope with emergency situations

<input type="checkbox"/>	No appearance of independent action outside the home; seems fit enough to be taken to activities outside the home, but generally needs to be accompanied
<input type="checkbox"/>	No independent activities; appears too sick to be taken to outside activities.
<b>5. FUNCTION AT HOME AND HOBBY-ACTIVITIES</b>	
<input type="checkbox"/>	Tasks at home, hobbies and personal interests are well cared for in comparison to the previous performance.
<input type="checkbox"/>	Minor impairment of or interest in these activities; difficulties in operating equipment (in particular new purchases).
<input type="checkbox"/>	Slight but definite impairment of the home and hobby activity; more difficult activities or tasks neglected; more complicated hobbies and interests abandoned.
<input type="checkbox"/>	Only simple activities remain, very limited interest in hobbies that are poorly maintained.
<input type="checkbox"/>	No meaningful activity in the household or previous hobbies.
<b>6. GOING TO THE TOILET AND PERSONAL HYGEINE</b>	
<input type="checkbox"/>	Full self-care ability (dressing, hairdressing, washing, bathing, going to the toilet).
<input type="checkbox"/>	Slight changes in skills and attention to these activities.
<input type="checkbox"/>	Requires the request to perform these activities, but can still perform them independently.
<input type="checkbox"/>	Requires help with dressing, hygiene, storage of personal belongings; occasionally incontinent.
<input type="checkbox"/>	Requires considerable help with body care and hygiene; frequent incontinence.
<b>7. BEHAVIOURAL AND PERSONALITY CHANGES</b>	
<input type="checkbox"/>	Socially appropriate behaviour in the public and private spheres; no personality changes.
<input type="checkbox"/>	Questionable or very mild changes in behaviour, personality, emotional control, adequacy of decisions.
<input type="checkbox"/>	Slight changes in behavior or personality.
<input type="checkbox"/>	Moderate behavioural or personality changes, affects interactions with others; can be avoided by friends, neighbours or distant relatives.
<input type="checkbox"/>	Severe behavioural or personality changes; often makes interactions with others unpleasant or avoidable.
<b>8. LANGUAGE AND COMMUNICATION SKILLS</b>	

<input type="checkbox"/>	No language difficulties or occasional word searching; reads and writes as well as in the past.
<input type="checkbox"/>	Persistent minor difficulty in finding words, uses descriptive terms or takes longer to communicate a topic, minor communication problems, fewer conversations; may interfere with reading and writing.
<input type="checkbox"/>	Moderate difficulties in finding words in the language, cannot name objects, significant reduction in word production; reduced understanding, conversation, writing and/or reading.
<input type="checkbox"/>	Moderate to severe impairments in speech production or comprehension; has difficulty communicating thoughts to others; limited ability to read or write.
<input type="checkbox"/>	Severe deficits in language and communication; little or no understandable language is produced.
<b>9. MOOD</b>	
<input type="checkbox"/>	No change in mood, interest or motivation.
<input type="checkbox"/>	Occasional sadness, depression, anxiety, nervousness, or loss of interest / motivation.
<input type="checkbox"/>	Daily slight problems with sadness, depression, anxiety, nervousness or loss of interest / motivation.
<input type="checkbox"/>	Moderate problems with sadness, depression, anxiety, nervousness, or loss of interest / motivation.
<input type="checkbox"/>	Severe problems with sadness, depression, anxiety, nervousness, or loss of interest / motivation.
<b>10. ATTENTION AND CONCENTRATION</b>	
<input type="checkbox"/>	Normal attention, concentration and interaction with the environment and surroundings.
<input type="checkbox"/>	Slight problems with attention, concentration and interaction with the environment and surroundings, may appear sleepy during the day.
<input type="checkbox"/>	Moderate problems with attention and concentration, may have gaze rigidity or spend time with closed eyes, increased drowsiness during the day.
<input type="checkbox"/>	A considerable part of the day is spent sleeping, without paying attention to the environment, can say things in conversation that are illogical or do not agree with the subject.
<input type="checkbox"/>	Limited to no ability to pay attention to external environment or surroundings.

How well do the following statements describe the personality of the PwD?

	1 = „Dis- agree strongly“	2 = „Disa- gree a little“	3 = „Nei- ther agree nor disa- gree“	4 = „Agree a little“	5 = „Agree strongly“	6 = „I can't make an asses- ment“
(1) He/she is reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) He/she is generally trusting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) He/she tends to be lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) He/she is relaxed, handles stress well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) He/she has few artistic interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) He/she is outgoing, sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) He/she tends to find fault with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) He/she does a thorough job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) He/she gets nervous easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) He/she has an active imagination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to add anything else?

Have you used your own mobile phone or an AIT mobile phone?

- If own mobile phone: Send tracking
- If AIT mobile phone: return

May we contact you again in the future for follow-up studies etc.? Yes / No

## 6.3 INTERVIEW GUIDELINE FORMAL CARE GIVERS (GERMAN)

### Interview Guideline formal care giver

- May the conversation be recorded? Yes / No
- Apart from the SUCCESS app, have you ever downloaded an app to your SmartPhone that could support you in everyday caregiver activities? (e.g. an advisory) Yes \_\_\_\_\_ / No  
If so, did you pay for it? Yes / No  
If so, how much? \_\_\_\_\_€
- Can you imagine paying for an app that supports you in your daily care routine? Yes / No  
If so, what would such an app have to offer?
- How much would you be willing to pay? \_\_\_\_\_ €

#### 1. General issues

As you know, the SUCCESS application is not yet a fully finished and perfectly working technology. Therefore, we would be very interested in hearing things that did not work or did not work properly. Can you tell us about anything that happened over the weeks?

#### 2. Changes in care

Please think about the last weeks using the SUCCESS application: Did you experience any changes in your daily care routines or activities? Which ones?

#### 3. General experiences with SUCCESS

- a. Please tell me about your most positive experiences with SUCCESS
- b. Please tell me about your most negative experiences with SUCCESS.
- c. What are your most favourite features of SUCCESS? Why?
- d. Can you tell us whether the SUCCESS App had any impact on aspects on your life?

If not mentioned by the participants, please ask for the following aspects:

- (Care) relationship between carer and PwD
- Potential of retaining care activities for longer time
- Satisfaction with care activities
- Self-confidence in care activities
- Compliance of PwD in care
- Caregiver burden

- Taking more care for oneself

#### 4. Use of Features

a. Did you use the Learn & Train feature? Yes / No

- If yes: What was your impression?
- If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
- If yes: What did you think about the presented information?
- If yes: What could be done to improve the Learn & Train feature?
- If no: why?
- If no: What could be done to improve the Learn & Train feature?

b. Did you do role plays with the avatar? Yes/No

- If yes: What was your impression?
- If yes: What did you think about the presented information?
- If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
- If yes: To what extent do you consider the avatar to be "suitable" for the interaction in role play?
  - How was the comprehensibility
  - How was the naturalness (facial expressions, gestures, movement, charisma)?
  - What was the appearance like?
  - How did you feel about the emotions shown by the avatar?
- If yes: What could be done to improve the role plays with the avatar?
- If no: why?
- If no: What could be done to improve the avatar role plays?

c. Did you use the Quick info feature to get fast support in special situations? Yes / No

- If yes: What was your impression?
- If yes: What did you think about the presented information?
- If yes: When did you use the Quick info feature?
- If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
- If yes: What could be done to improve the Quick info feature?
- If no: why?
- If no: What could be done to improve the Quick Info feature?

d. Did you use the Meaningful activities feature? Yes / No

- If yes: What was your impression?
- If yes: What did you think about the presented information?
- If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
- If yes: What could be done to improve the Meaningful activities feature?
- If no: why?
- If no: What could be done to improve the Meaningful activities feature?

e. Did you use the Emotional support feature? Yes / No

- If yes: What was your impression?
- If yes: What did you think about the presented information?
- If yes: How useful was this feature to you? Could you please describe a typical situation when you used it?
- If yes: Did you experience any changes of your emotional state during the last weeks?
- If yes: What could be done to improve the Emotional support feature?
- If no: why?
- If no: What could be done to improve the Emotional support feature?
- 

**5. Avatar in Roleplay** (the order of block 6 and 7 is interchanged amongst participants)

a. Which avatar did you use in the roleplay? F / M

If you haven't tried the role play, which of the two avatars would you rather use?



I would like to ask you to look at this avatar and imagine the life of this person. Please tell me how you think this person is like, what their life looks like, what they like to do in their free time and so on.

b. How well do the following statements describe the personality of the avatar?

	1 = „Dis- agree strongly“	2 = „Dis- agree a little“	3 = „Nei- ther agree nor dis- agree“	4 = „Agree a little“	5 = „Agree strongly“	6 = „I can't make an asses- ment“
(1) He/she is reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) He/she is generally trusting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) He/she tends to be lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) He/she is relaxed, handles stress well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) He/she has few artistic interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) He/she is outgoing, sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) He/she tends to find fault with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) He/she does a thorough job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) He/she gets nervous easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) He/she has an active imagination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do the following statements describe the personality of the PwD?

	1 = „Dis- agree strongly“	2 = „Disa- gree a little“	3 = „Nei- ther agree nor disa- gree“	4 = „Agree a little“	5 = „Agree strongly“	6 = „I can't make an asses- ment“
(1) He/she is reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) He/she is generally trusting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) He/she tends to be lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) He/she is relaxed, handles stress well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) He/she has few artistic interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) He/she is outgoing, sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) He/she tends to find fault with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) He/she does a thorough job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) He/she gets nervous easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) He/she has an active imagination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to add anything else?

Have you used your own mobile phone or an AIT mobile phone?

- If own mobile phone: Send tracking
- If AIT mobile phone: return

May we contact you again in the future for follow-up studies etc.? Yes / No