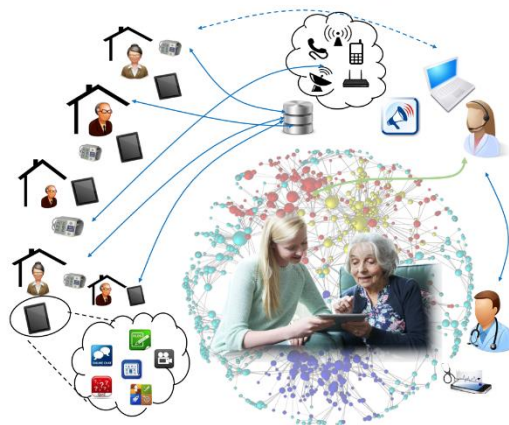# Internet for serving seniors

Internet use is increasing among older adults as they discover its power to communicate with family and friends and to access online services.

Grandis is an EU funded project for exploring other benefits of the Internet for older adults, especially how it can support health and care.

We would like to ask you some questions that will help us understand your experiences with using the Internet and how it could be used more effectively. The survey is completely anonymous because we are not asking any questions that can personally identify you in any way. Your participation is, of course, entirely voluntary.

1. What is your gender?

- [ ] Male
- [ ] Female

2. What is your age?

- [ ] 55-64
- [ ] 65-74
- [ ] 75-84
- [ ] 85+

3. Who do you live with? (select all that apply)

- [ ] Nobody (I live alone)
- [ ] Spouse/partner
- [ ] Other family members or relatives
- [ ] Anyone under the age of 18
- [ ] Any non-relatives

4. Do you have caring responsibilities? (select all that apply)

- [ ] None
- [ ] Primary carer of a child or children (under 18 years)
- [ ] Primary carer of disabled child or children
- [ ] Primary carer of disabled adult (18 years and over)
- [ ] Primary carer of older person or people (65 years and over)
- [ ] Secondary carer

5. Where do you live?

- [ ] City/Suburb
- [ ] Town
- [ ] Village
- [ ] Rural or remote from other houses

6. What is the highest level of educational qualifications for which you received a certificate? (more answers possible)

- [ ] No qualifications
- [ ] Certificates normally passed by the age of 16 (e.g. O level, CSE, GCSE)
- [ ] Certificates normally passed at the age of 18 (e.g. A level, BTEC, VCE)
- [ ] Higher education certificates (e.g. from a university, polytechnic, or other equivalent institution)

7. What is your current work status? (more answers possible)

- [ ] Employed full-time
- [ ] Employed part-time
- [ ] Unpaid voluntary work
- [ ] No work commitments

8. What help do you currently have with your household and living needs? (select all that apply)

- [ ] I do not need help
- [ ] No help
- [ ] Some help with keeping the house clean and tidy
- [ ] Some help with shopping
- [ ] Some help with cooking
- [ ] Some help with laundry
- [ ] Some help with household finances
- [ ] Some help with my own care (e.g. getting dressed, washing, eating)

9. What help do you need or would like? (select all that apply)

- [ ] I receive all the help
- [ ] No help
- [ ] Some help with keeping the house clean and tidy
- [ ] Some help with shopping
- [ ] Some help with cooking
- [ ] Some help with laundry
- [ ] Some help with household finances
- [ ] Some help with my own care (e.g. getting dressed, washing, eating)

10. How active are you in your everyday life?

- [ ] I am always busy
- [ ] I am often busy
- [ ] I am sometimes busy
- [ ] I don't do very much at all
- [ ] I have nothing to do

11. How would you describe your health status?

- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Very poor

12. Do you ever have accidents in your home? (fall over or lose your balance)

- [ ] No, I am very steady
- [ ] Yes, occasionally (a few times a year)
- [ ] Yes, I fall over or lose my balance quite often (several times a month)
- [ ] I'm always losing my balance or falling over (several times a week)

15. If you could change something in your life, what would it be?

_____

_____

_____

13. Do you feel safe in your own home? (think about burglary, fraudulent visitors, unwelcome guests, etc)

- [ ] I feel absolutely safe in my own home
- [ ] I mostly feel safe in my own house
- [ ] I sometimes feel safe at home but often think something bad will happen
- [ ] I never feel safe at home and always think something bad is going to happen

14. Do you ever feel lonely?

- [ ] I never feel lonely
- [ ] I sometimes feel lonely
- [ ] I often feel lonely
- [ ] I always feel lonely

16. Are you interested in learning new things?

- [ ] Yes, I always want to learn
- [ ] I am interested in learning some things
- [ ] I don't want to learn anything any more

17. Do you use any of the following technologies in your own home? (select all that apply)

- [ ] Computer, laptop
- [ ] Tablet pc
- [ ] Internet
- [ ] Smart phone
- [ ] Personal emergency alarm
- [ ] "Smart" gadgets (smart phone, activity sensor, sleep monitor, physiological monitors for heart te, blood pressure, etc)

18. If you had access to the right technology and knew how to use it, what would you want it for? (select all that apply)

- [ ] Access to health services and advice
- [ ] Staying in touch with friends and family
- [ ] Contacting public services
- [ ] Access to cultural activities
- [ ] Shopping
- [ ] Access to people who can help with household jobs (repairs, maintenance etc)

_____

_____

19. How would you describe your general level of technical knowledge?

- [ ] I am an expert and can understand pretty well any information technology
- [ ] I am an advanced user and confident that I will be able to use most technology
- [ ] I have reasonable knowledge and can do things like sending emails, interacting with social media, ing packages for creating documents and spreadsheets, etc.
- [ ] I know a bit but am only really able to do basic things like search the web and buy things online
- [ ] I don't know anything about technology

20. Would you be interested in using any "smart" gadgets that can track your activity and wellbeing (e.g. smart phone, activity sensor, sleep monitor, physiological monitors for heart rate, blood pressure)?

- [ ] Yes, absolutely
- [ ] Yes, depending on what they measure and how they work
- [ ] Not really, unless somebody can give me some good reasons
- [ ] Definitely not

21. Would you be willing to use the following online health and care services (select an answer for each one):

	Yes	Maybe	No
Medical consultation and help in case of an emergency at any time	☐	☐	☐
Talking to a doctor or a nurse online at an appointed time	☐	☐	☐
Ordering prescribed medicines that are then sent to your home	☐	☐	☐
Accessing test results online or, getting them by email	☐	☐	☐
Automatically alerting clinical services through a personal emergency alarm or some other technology in your home (e.g. when you press an emergency button or if sensors detect you have had a fall)	☐	☐	☐
Have health and fitness data measured and sent to your doctor or clinic	☐	☐	☐
Participating in an online forum where you could discuss health matters with others.	☐	☐	☐

22. Are you worried about your care needs being a burden on family/friends now or in the future because you are living at home?

☐ Yes, definitely
☐ I worry about it sometimes
☐ No, it doesn't worry me at all

23. Would you be interested in technology that helps care for you in your own home and makes it less likely that you will need to go into residential care?

☐ Yes, definitely
☐ Possibly, depending on what it is and how it works
☐ No, definitely not