

ENTRY SURVEY

Answer questions on BOTH SIDES of the sheets. For each question please give ONLY ONE answer unless you are asked to “Choose ALL that apply”.

1. What is your age in years? _____

2. What is the gender you most identify with?

Male

Female

Not listed (please specify: _____)

I prefer not to answer

3. Please rate your level of English language proficiency.

No proficiency

Basic

Intermediate

Advanced

Native or bilingual proficiency

4. How would you describe your race and ethnicity?

White

Black or African American

Asian or Asian American

Hispanic or Latino(a)

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

Not listed (please specify: _____)

I prefer not to answer

5. Please indicate the frequency with which you use the following devices:

5.1) I use personal desktop computer or laptop...

- Never
- Less than once a month
- Once a month
- Several times a month
- Once a week
- Several times a week
- Every day

5.2) I use tablet or iPad...

- Never
- Less than once a month
- Once a month
- Several times a month
- Once a week
- Several times a week
- Every day

5.3) I use mobile phone or smartphone...

- Never
- Less than once a month
- Once a month
- Several times a month
- Once a week
- Several times a week
- Every day

6. What is your main source of income? Choose ALL that apply.

- Earnings (Part-time job, private business, etc.)
- Social Security
- Pension or savings (401(k), IRA, annuity, retirement plan, etc.)
- Asset income (stocks, mutual fund investments, rent, royalties, home equity, etc.)
- Family support
- Not listed (please specify: _____)
- I prefer not to answer

7. In general, how would you describe your health?

- Very poor, my health always prevents me from doing regular activities
- Poor, my health often prevents me from doing regular activities
- Fair, my health sometimes prevents me from doing regular activities
- Good, my health rarely prevents me from doing regular activities
- Excellent, my health never prevents me from doing regular activities

8. Have you ever been diagnosed with a severe cognitive impairment (such as dementia or Alzheimer's disease)? No Yes Not sure

9. Where do you currently live or spend most of your time?

- In a private house/apartment that I or my partner owns
- In a private house/apartment that my friends or relatives own
- In a rented house/apartment or senior residential accommodation
- In a nursing home or assisted living facility
- Not listed (please specify: _____)

10. With whom do you live?

- I live alone
- With partner
- With other relatives
- With other people (please specify: _____)

11. Who assists with your regular needs? Choose ALL that apply.

- No one; I take care of myself
- Partner, relative, friend, neighbour, etc.
- Caregiver, nurse, attendant, volunteer, etc.
- Not listed (please specify: _____)

12. Do you use any medical assistive technologies or consider using one in the future (such as blood pressure monitor, glucose meter, alert button, fall detector, mobility tracker, medication dispenser, etc.)?

- No, and I do not consider using one in the future
- No, but I consider using one in the future
- Yes (please specify all: _____

_____)

13. Are you currently participating in a study that involves medical assistive technologies?

- No
- Yes (please explain): _____

14. Would you be able to attend a 1.5 hour interview at a location of your choice? (The location should be within 1 hour reach from [city anonymized] by public transportation.)

- No Maybe Yes

15. How do you prefer to be informed should you be eligible for the interview or be selected as a winner of \$50 in the drawing? Check ALL that apply.

- By phone
 Text message
 Call or voice message

What is your phone number? _____

- By email

What is your email address? _____

- By mail

What is your mailing address?

Street address, P.O box, building, apartment, etc.

City _____

State _____

ZIP code _____

Country _____

First name _____

Last name _____

Note: By checking any of the boxes above, you agree to be contacted by us in the future to be invited to the interview or to be informed about winning \$50 in the drawing. We will only use this information for these purposes and will destroy it immediately upon study completion.

(If you do not check any box and/or do not provide any contact information, we will not be able to contact you about an interview and/or about the drawing if you win).

Thank you for completing the survey!

Please **mail completed survey back to us** in the attached stamped envelope with our return address **as soon as possible and not later than 31 May 2018**. Make sure you **send all the pages including the signed consent form on page 2-3**, but **don't include your copy of the consent form** (a separate sheet).

We will review your answers and will let you know within 6 weeks after receiving your responses if you have won \$50 in the drawing and/or are eligible for the interview. Unfortunately we are unable to contact people who are not eligible for the study. Therefore, if you do not hear from us within 7 weeks after submitting the responses, it means that you did not qualify for the study or the participation quota has been met.

EXIT SURVEY

1. What is the highest level of education you have completed up to now?

- High school diploma or less
- Some college or Associate's degree
- Bachelor's degree
- Advanced degree (Master's or Doctoral degree)
- Not listed (please specify: _____)

2. What was your field of study? Choose ALL that apply.

- Social Sciences (Economics, Sociology, Law, etc.)
- Technical sciences (Informatics, Engineering, Architecture)
- Medical sciences (Medicine, Nursing, Pharmaceuticals, etc.)
- Humanities and Arts (Literature, Languages, Arts, etc.)
- Natural Sciences (Chemistry, Physics, Mathematics, etc.)
- Education Science and Pedagogics
- Agriculture (Agriculture, Veterinary, etc.)
- Other (specify) _____

3. What of the following best describes your primary occupations during the life?

Choose ALL that apply.

- Administrative support (e.g., secretary, assistant)
- Art, writing, or journalism (e.g., author, reporter, sculptor)
- Business, management, or financial (e.g., manager, accountant, banker)
- Computer engineer or IT professional (e.g., systems administrator, programmer)
- Education (e.g., teacher)
- Engineer in other fields (e.g., civil engineer, bio-engineer)
- Homemaker
- Legal (e.g., lawyer, law clerk)
- Medical (e.g., doctor, nurse, dentist)
- Retired
- Scientist (e.g., researcher, professor)
- Service (e.g., retail clerks, server)
- Skilled labor (e.g., electrician, plumber, carpenter)
- Student
- Self-employed
- Unemployed
- I prefer not to answer

Other (Please specify): _____

4. What is your household gross annual income?

- < \$10,000
- \$10,001 - \$20,000
- \$20,001-35,000
- \$35,001-50,000
- \$50,001-75,000
- \$75,001-100,000
- \$100,001-150,000
- \$150,001-200,000
- > \$200,000
- I prefer not to answer

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities, as a result of your physical conditions?

5a) Accomplished less than you would like: No Yes

5b) Were limited in a kind of work or other activities: No Yes

6. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

6a) Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

No, not limited at all Yes, limited a little Yes, limited a lot

6b) Climbing several flights of stairs

No, not limited at all Yes, limited a little Yes, limited a lot

7. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities, as a result of any emotional problems (such as feeling depressed or anxious)?

7a) Accomplished less than you would like: No Yes

7b) Did work or other activities less carefully than usual: No Yes

8. During the past 4 weeks, how much did pain interfere with your normal work and other regular daily activities (including both work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

9. During the past 4 weeks, how much of the time has your physical conditions or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

10. The next questions are about how you feel and how things have been with you during the past 4 weeks. For each question please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

10a) ...Have you felt calm and peaceful?

- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

10b) ...Did you have a lot of energy?

- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

10c) ...Have you felt downhearted and blue?

- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

11. Please indicate the how easy or difficult it is for you to engage in each of the following behaviors. If you have not tried to perform a task or do not know what it is, please mark "I do not know or Not Applicable", regardless of whether or not you think you may be able to perform the task.

11.1) To use the Internet for information search

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.2) To use a computer, tablet or smartphone for entertainment (watch movies, listen to the music, read, etc.)

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.3) To open and send emails

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.4) To enter events in the online calendar, check the date and time of the upcoming appointments

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.5) To install a program on a computer

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.6) To download an applications (app) on a mobile device (smartphone or tablet)

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.7) To download an image, photo or file from the internet

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.8) To send a text message from a mobile phone

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

11.9) To make a video call (e.g., using Skype, FaceTime, WhatsApp)

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult
- I do not know or N/A

12. Are you interested in participating in our follow-up studies? No Yes

If yes, how would you prefer to be contacted? Check ALL that apply.

- By phone.
 - Text message
 - Call or voice message

What is your phone number? _____

- By email.

What is your email address? _____

- By mail.

What is your mailing address?

Street address, P.O box, building, apartment, etc.

City _____

State _____

ZIP code _____

Country _____

First and last name _____

Note: By checking any of the boxes above, you agree to be contacted by us about the future research participation opportunities. If you do not check any box and/or do not provide any contact information, you will not be informed about the future research participation opportunities.

Thank you for completing the survey! Please return the completed form to the representative, who handed it out to you.