Thank you for agreeing to take part in the MATCH study looking at how technology can be used to support and enable care at home. We would like to ask you some questions about your experiences with technology in your home and your expectations of what a home care computer system might mean to you or someone you care for.

When completed please return this questionnaire to:

Dr Marilyn Rose McGee-Lennon,
Department of Computing Science,
University of Glasgow,
GLASGOW G12 8QQ.

E-Mail: mcgeemr@dcs.gla.ac.uk
Website: http://www.match-project.org.uk
Tel: 0141 330 6034

Thank you.

You can detach and keep this front page for your records
Please answer the following questions by putting a tick in the boxes that best apply to you. Sometimes there are tables with a different feature listed in each row. For each item, please tick the column that applies best to you.

There are no right or wrong answers – we are not testing or assessing you, we are simply gathering ideas on how to conduct better research in this area with those who may benefit from this work now or in the future.

Your responses will be treated confidentially and your information will not be passed on to any third parties.

Feel free to add comments wherever you feel appropriate. You can also skip any questions you don’t want to answer.

First of all, we would be interested to know where you got this questionnaire from.

- [ ] A researcher from MATCH
- [ ] The MATCH website
- [ ] A relative or friend
- [ ] A doctor or nurse
- [ ] An organisation or club
- [ ] Other (Please specify ..........................)
Some Background Information

Which age bracket applies to you?

☐ <18  ☐ 18 - 35  ☐ 36 – 50  ☐ 51 – 65  ☐ 66-75  ☐ 76-85  ☐ 86+

Are you female or male?  □ Female  ☐ Male

What is your postcode? .....................................................

What kind of accommodation do you live in?

☐ Your own home  .  ☐ A relative or friend’s home
☐ A residential home  .  ☐ A nursing home
☐ Rented accommodation  .  ☐ Other  ……………………

If you live in your own home or rented accommodation, with whom do you live?

☐ On your own  .  ☐ With your spouse or partner
☐ With other family  ☐ Other  ……………………

How often do you usually get out of the house?

☐ Every day  .  ☐ 2 – 5 times a week
☐ About once a week  .  ☐ Less frequently than once a week

Are you an informal carer?

☐ Yes  .  ☐ No

If yes, what is your relationship to the person you care for?

☐ Spouse  .  ☐ Son / Daughter  .  ☐ Other Relation…………………
☐ Friend  .  ☐ Neighbour  .  ☐ Other  ………………………………

Do you receive informal care?

☐ Yes  .  ☐ No

If yes, what is your relationship to the person who cares for you?

☐ Spouse  .  ☐ Son / Daughter  .  ☐ Other Relation…………………
☐ Friend  .  ☐ Neighbour  .  ☐ Other  ………………………………
1. Technology in your home

We would like to know whether you use any of the following pieces of equipment or technology in your home. Some of them are in common use and some are more obscure.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>I don't know what this is</th>
<th>I've never used one but I know what it is</th>
<th>I've used one in the past</th>
<th>I use one occasionally</th>
<th>I use one regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
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<td>T.V.</td>
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<tr>
<td>Mobile Phone</td>
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<tr>
<td>Text messaging</td>
<td></td>
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<tr>
<td>Personal Computer (PC) or Laptop</td>
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<tr>
<td>E-mail</td>
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<tr>
<td>The Internet / WWW</td>
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<tr>
<td>Video recorder</td>
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<td>DVD player</td>
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<td>CD player</td>
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<tr>
<td>Radio</td>
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<tr>
<td>Computer games</td>
<td></td>
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<tr>
<td>Satellite or Cable TV (Sky, Telewest)</td>
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<tr>
<td>Set Top Box (e.g. Sky, Freeview)</td>
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</tbody>
</table>
2. Home Care Technology

We would also like to know whether you have encountered the following pieces of *home care* equipment or technology. Some of them are in common use and some are more obscure. These are usually placed in your home for the specific purpose of helping you and others manage your care.

<table>
<thead>
<tr>
<th>I don't know what this is</th>
<th>I've never used one but I know what it is</th>
<th>I've used one in the past</th>
<th>I use one occasionally</th>
<th>I use one regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pull cord alarm</td>
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<tr>
<td>Neck/pendant alarm</td>
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<tr>
<td>Pressure mats (on bed, chair, floors)</td>
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<tr>
<td>Movement/room sensors</td>
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<tr>
<td>Smoke alarm</td>
<td></td>
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<tr>
<td>Burglar alarm</td>
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<tr>
<td>Automatic Medication Reminders</td>
<td></td>
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<tr>
<td>The internet for advice or support</td>
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<tr>
<td>Voice or video intercom system</td>
<td></td>
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<tr>
<td>Phone calls to carers, social workers, GP, and other health professionals</td>
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<tr>
<td>Flood Detector</td>
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<tr>
<td>Extreme Temperature Detector</td>
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</tbody>
</table>

Any other home care technologies (not listed in the table) that you use in your home:

........................................................................................................................................

........................................................................................................................................
2. Home Care Technology continued……

a. Things you particularly like or dislike about the technology or home care technology in your home:

b. Describe any technology (equipment / devices) that you currently have in your home that you feel improves your health, wellbeing, or peace of mind:

c. Describe any technology (equipment / devices) that you don't have at home right now but feel might improve your health, wellbeing, or peace of mind:
3. Opinions on technology within the home

a. For each statement, circle the response which closest reflects your opinion.

(i) **It is easy to use technology within the home**

   strongly disagree  disagree  neutral  agree  strongly agree

(ii) **I am afraid of the consequences of technology failing**

   strongly disagree  disagree  neutral  agree  strongly agree

(iii) **I would not mind sharing personal data with people involved in my care**

   strongly disagree  disagree  neutral  agree  strongly agree

(iv) **Technology helps me communicate with my friends and family**

   strongly disagree  disagree  neutral  agree  strongly agree

(v) **It is difficult to learn to use new technology**

   strongly disagree  disagree  neutral  agree  strongly agree

(vi) **I don’t mind new technology in my home as long as it is benefiting my life**

   strongly disagree  disagree  neutral  agree  strongly agree

(vii) **It is too time consuming to learn to use new technology**

   strongly disagree  disagree  neutral  agree  strongly agree

(viii) **I don’t mind new technology in my home as long as it is benefiting my life**

   strongly disagree  disagree  neutral  agree  strongly agree

(ix) **Technology interferes with my home life**

   strongly disagree  disagree  neutral  agree  strongly agree

(x) **Technology in my home might benefit my health and wellbeing**

   strongly disagree  disagree  neutral  agree  strongly agree
4. Perceived Benefits of Home Care Technology

a. Which of the following technologies would you consider to be useful?

I would like technology in the home that would allow: (Please tick all that apply)

Communication with **health professionals**
(doctors, nurses) or **social care workers**
(home help etc) involved in your care

Communication with family / friends

Automatic curtain opening/closing

Automatic lighting control

Automated temperature control

Access to electronic medical records at home

Fall detection linked to response centre

Video link to a carer

Medication reminders

Added security in the home
(e. g. automatic locking of front door at night)

Education about health conditions
and treatment advice

b. If technology could collect data in the home and allow it to be viewed outside the home (e.g. by a doctor, social worker or family member) to alert them to an emergency situation, would having this technology improve your health or well being? (Please tick all that apply)

Yes - improve my health

Yes - improve my well being

Yes - improve my peace of mind

No - no direct improvement

Reasons:
5. Control of Home Care Technology

a. What type of control would you want over home care technology in your home?

- No control – I would leave that up to the technology or someone else
- Some control – I can override the technology behaviour if I need to
- Full control – I should always be able to decide how the technology behaves
- Something else: ________________________________

b. Would you want home care technology to explain why it is doing certain things?

- YES – It should explain every action
- Sometimes – When I request an explanation
- No – I don’t see the need for explanation
- Something else: ________________________________

c. Who might control the home care technology?

- Me alone
- Medical professionals (such as my doctor or consultant)
- Social care professionals (such as my home help)
- My spouse, friends and/or family interested in my care
- Control centre staff or those that know about the technology
- Me along with other people such as ________________________________
6. What should home care technology look like?

a. What rooms within your home would you allow sensors to be placed in that could detect abnormal situations regarding your health or wellbeing?

- Living room
- Dining room
- Hall
- Bedroom
- Kitchen
- Bathroom
- Toilet
- Other rooms*

*Please specify………………………………………………

b. What would these sensors look like? Would you want sensors to look different in different rooms?

…………………………………………………………………………………………….
…………………………………………………………………………………………….
…………………………………………………………………………………………….


c. Information would be collected by a device placed within the home. What would you like this device to look like?

- Set top box (e.g. sky, freeview)
- Mobile phone
- Video or DVD player
- Computer (laptop or PC)
- Other ...


d. Would you want this device to be visible (for example, placed in your living room) or would you prefer it to be hidden (for example, to be placed in a cupboard)?

- Visible
- Non-visible

Why? ……………………………………………………………………………………

…………………………………………………………………………………………….
If you would like more information on this questionnaire or anything to do with the MATCH project then please provide your contact details below.

We are always happy to involve people in our research activities.

Name: ……………………………………………………………

Address: ………………………………………………………

…………………………………………………………

Tel: ……………………………………………………………

Email…………………………………………………………

Please indicate if you would be particularly interested in helping us with any of the following:

☐ Discussion groups on technology
☐ Testing computer systems or equipment designed for home care
☐ Further questionnaires

Thank you very much for your time and help.

Please return the questionnaire to:

Dr Marilyn Rose McGee-Lennon
MATCH Research Associate
Dept Computing Science
University of Glasgow
G12 8QQ

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