



MATCH: Mobilising Advanced Technologies for Care at Home

Expectations and attitudes Questionnaire

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.

- | | |
|--|--|
| <input type="checkbox"/> A researcher from MATCH | <input type="checkbox"/> An organisation or club |
| <input type="checkbox"/> The MATCH website | <input type="checkbox"/> Other (Please specify |
| <input type="checkbox"/> A relative or friend |) |
| <input type="checkbox"/> A doctor or nurse | |

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?

- | | |
|---|--|
| <input type="checkbox"/> Your own home | <input type="checkbox"/> A relative or friend's home |
| <input type="checkbox"/> A residential home | <input type="checkbox"/> A nursing home |
| <input type="checkbox"/> Rented accommodation | <input type="checkbox"/> Other |

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

- | | |
|--|--|
| <input type="checkbox"/> On your own | <input type="checkbox"/> With your spouse or partner |
| <input type="checkbox"/> With other family | <input type="checkbox"/> Other |

How often do you usually get out of the house?

- | | |
|--|---|
| <input type="checkbox"/> Every day | <input type="checkbox"/> 2 - 5 times a week |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> 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?

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Son / Daughter | <input type="checkbox"/> Other Relation..... |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Neighbour | <input type="checkbox"/> Other |

Do you receive informal care?

- ☐ Yes ☐ No

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

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Son / Daughter | <input type="checkbox"/> Other Relation..... |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Neighbour | <input type="checkbox"/> 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.

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

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.

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

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	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>
Dining room	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>
Hall	<input type="checkbox"/>	Toilet	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	Other rooms*	<input type="checkbox"/>

*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)	<input type="checkbox"/>	Video or DVD player	<input type="checkbox"/>
Mobile phone	<input type="checkbox"/>	Computer (laptop or PC)	<input type="checkbox"/>

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 ☐ Location

Non- visible ☐ Location

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:

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