

Participant ID # _____

Thank you for participating in the Lighthouse Project

Please take a few minutes to fill out this survey by completing ALL of the questions and return it to [STAFF NAME(S)] by [1 WEEK FROM DISTRIBUTION DATE]. If you need help completing this survey, please contact [STAFF]. Your answers will be kept confidential. No one will see this information except the staff involved in this project. Please provide as much information as possible. Please darken the appropriate box for each question.

First Name _____ Last Name _____

1. In general, how would you rate your physical health?

- Excellent Very Good Good Fair Poor

2. I have challenges in the following areas (check all that apply):

- Vision Hearing Mobility Other: _____ None

3. During the past 12 months, have you experienced confusion or changes in memory that is happening more often or is getting worse?

- Yes No

4. In the last month, have you gone on the Internet or online to order or refill prescriptions?

- Yes No I don't know Prefer not to answer

5. In the last month, have you gone on the Internet or online to contact any of your medical providers? (for example, making or changing medical appointments, getting test results, requesting referrals or prescriptions, or to get advice)

- Yes No I don't know Prefer not to answer

6. In the last month, have you gone on the Internet or online to handle Medicare or other health insurance matters? (for example, going to Medicare's website or another insurer's website to find out what is covered, compare plans or providers, find out about bills, or file a claim)

- Yes No I don't know Prefer not to answer

7. In the last month, have you gone on the Internet or online to get information about your health conditions?

- Yes No I don't know Prefer not to answer

8. In general, how would you rate your emotional health?

- Excellent Very Good Good Fair Poor

9. In the past 2 weeks, how often have you been bothered by:

Little interest or pleasure in doing things?

- Not at all/ Never Several days More than half the days Nearly every day

Feeling down, depressed, or hopeless?

- Not at all/ Never Several days More than half the days Nearly every day

10. How often do you feel that you lack companionship?

- Never Hardly Ever Some of the Time Often

11. How often do you feel left out?

- Never Hardly Ever Some of the Time Often

12. How often do you feel isolated from others?

- Never Hardly Ever Some of the Time Often

FAMILY: Considering the people to whom you are related by birth, marriage, or adoption...

13. How many relatives do you see or hear from at least once a month?

- None 1 2 3 or 4 5 to 8 9 or more

14. How many relatives do you feel at ease with that you can talk about private matters?

- None 1 2 3 or 4 5 to 8 9 or more

15. How many relatives do you feel close to such that you could call on them for help?

- None 1 2 3 or 4 5 to 8 9 or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood and community...

16. How many of your friends do you see or hear from at least once a month?

- None 1 2 3 or 4 5 to 8 9 or more

17. How many friends do you feel at ease with that you can talk about private matters?

- None 1 2 3 or 4 5 to 8 9 or more

18. How many friends do you feel close to such that you could call on them for help?

- None 1 2 3 or 4 5 to 8 9 or more

The next questions ask about the Yoga Tablet you received through the Lighthouse project.



14. During the last week, how often did you use your Yoga Tablet?

- About once per day 2 to 4 times I used it once I did not use it

**15. During the last week, what did you use your Yoga tablet for?
(check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> YouTube | <input type="checkbox"/> Check the weather |
| <input type="checkbox"/> Zoom | <input type="checkbox"/> Use the calendar |
| <input type="checkbox"/> Google Translate | <input type="checkbox"/> Use the alarm |
| <input type="checkbox"/> Video chat using something like Google Duo, FaceTime, WhatsApp, Skype, Kakao Talk or WeChat | <input type="checkbox"/> Take photos |
| <input type="checkbox"/> Use social media, for example Facebook, Pinterest, or Instagram | <input type="checkbox"/> Look up health information online |
| <input type="checkbox"/> Play games | <input type="checkbox"/> Connect with my healthcare provider |
| <input type="checkbox"/> Watch TV, sports, movies, news | <input type="checkbox"/> View my health records |
| | <input type="checkbox"/> Other: _____ |

16. How helpful were the following to learn how to use your Yoga tablet?

The Tablet Handbook (printed manual)

- I did not receive this resource Not Helpful Somewhat Helpful Very Helpful

In-person classes

- I did not receive this help Not Helpful Somewhat Helpful Very Helpful

Visiting the Tech Help Desk office hours

- I did not receive this help Not Helpful Somewhat Helpful Very Helpful

Help from a neighbor who attended training classes with me.

- I did not receive this help Not Helpful Somewhat Helpful Very Helpful

Help from a neighbor who did not attend training classes with me.

- I did not receive this help Not Helpful Somewhat Helpful Very Helpful

Help from a family member or friend

- I did not receive this help Not Helpful Somewhat Helpful Very Helpful

17. How satisfied are you with the technology help you currently receive from others?

- Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

18. How difficult was it to learn to use the Yoga tablet?

- Very Difficult Somewhat Difficult Somewhat Easy Very Easy

19. I would recommend this Yoga tablet to a friend or family member.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

The next questions ask about how you feel about technology in general, such as a computer, laptop, tablet (for example, your Yoga tablet), or smartphone (for example, an iPhone or Android phone).

20. I feel comfortable with technology.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

21. Technology makes me nervous.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

22. I don't feel confident about my ability to use technology.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

23. Technology is confusing.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

24. I feel apprehensive about using technology.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

25. I hesitate to use the technology for fear of making mistakes I cannot correct.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

26. Technology helps me be connected with family and friends.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

27. Technology helps me learn new information and skills.

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

28. Please use the space below to tell us anything else about yourself or this project.
