

CMTY:	ID:
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Dear Resident:

(Community Name) is preparing to bring a new technology program to the community to help residents connect to the internet. The program will install free Wi-Fi internet and distribute free technology devices to residents. We will also provide workshops to help you learn how to use your devices to talk to friends and family, access information on health and wellbeing, and connect to community resources.

Your opinions and experiences are important to making a successful program. **Please take a few minutes to fill out this survey by completing ALL of the questions and return it to (STAFF) by (DATE) and enter a raffle for a (REWARD). If you need help completing this survey, please contact (STAFF).**

<b>First Name:</b>	<b>Last Name:</b>
<b>Email:</b>	<b>Date:</b>
<b>Phone:</b>	<b>Room Number:</b>

<b>DEMOGRAPHICS</b>
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- A1. What is your YEAR of birth?** 19 \_\_\_\_ \_\_\_\_
- A2. What is your gender?** ( ) Male ( ) Female ( ) Other
- A3. Which of the following best describes you?**
- |   |                             |
|---|-----------------------------|
| ( ) American Indian or Alaskan Native   | ( ) White                   |
| ( ) Asian                               | ( ) Hispanic or Latino      |
| ( ) Native Hawaiian or Pacific Islander | ( ) White or Caucasian      |
| ( ) Black or African American           | ( ) Multiracial or biracial |
| ( ) Filipino                            | ( ) Other (specify): _____  |

**A4. What language(s) do you prefer to use to communicate?**

**(CHECK ALL THAT APPLY)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Russian                |
| <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish                |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Thai                   |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (specify):       |
| <input type="checkbox"/> Farsi      | _____   |

**A5. What is your marital status?**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Married/Living with Partner | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed                     | <input type="checkbox"/> Single    |
| <input type="checkbox"/> Divorced                    |                                    |

**A6. What is your highest level of education that you have completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Never Attended School        | <input type="checkbox"/> Some College    |
| <input type="checkbox"/> Did not finish High School   | <input type="checkbox"/> College Degree  |
| <input type="checkbox"/> Completed High School or GED | <input type="checkbox"/> Graduate Degree |

**A7. In what country did you complete your highest level of school?**

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> US | <input type="checkbox"/> Outside of the US |
|-----------------------------|--|

CMTY:

ID:

## ENVIRONMENT

*We want to understand your feelings on the environment around you – both in and outside your home.*

**B1. How easy is it for you to control lights in your home?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B2. How easy is it for you to get around your home safely and comfortably?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B3. Are you concerned about falling?**

( ) Yes                      ( ) No                      ( ) Not sure

**B4. How easy is it for you to get to places out of walking distance?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B5. Do you feel safe and secure in your home?**

( ) Yes                      ( ) No                      ( ) Not sure

<b>HEALTH AND WELL-BEING</b>
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*We now want to learn more about your physical and emotional health, and connections that you have with friends, family, and neighbors.*

**C1. In general, how would you rate your physical health?**

Excellent	Very good	Good	Fair	Poor
( )	( )	( )	( )	( )

**C2. In general, how would you rate your emotional health?**

Excellent	Very good	Good	Fair	Poor
( )	( )	( )	( )	( )

**C3. I have challenges in the following areas:  
(CHECK ALL THAT APPLY):**

Vision	Hearing	Mobility	Cognition/Memory	Other: (Specify):	N/A
( )	( )	( )	( )	( )	( )

**C4. How often do you feel you lack companionship?**

Never	Hardly Ever	Some of the Time	Often
( )	( )	( )	( )

**C5. How often do you feel left out?**

Never	Hardly Ever	Some of the Time	Often
( )	( )	( )	( )

**C6. How often do you feel isolated from others?**

Never

Hardly  
Ever

Some of the Time

Often

 ( ) ( ) ( ) ( )**C7. Do you have access to all of the doctors and health services that you currently need?** ( ) Yes ( ) No ( ) Not sure**C8. Do you have enough information about your health to help you take care of yourself?** ( ) Yes ( ) No ( ) Not sure**FAMILY: Considering the people to whom you are related by birth, marriage, or adoption...****C9. 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**C10. 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**C11. 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...**

**C12. 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

**C13. 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

**C14. 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 following question refers to how often you have felt or experienced certain things in the last two weeks:**

**C15. How often do you have negative feelings such as blue mood, despair, anxiety, depression?**

Never	Seldom	Quite often	Very often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TECHNOLOGY AND INTERNET

*We want to understand what types of technology you're comfortable and familiar with, and any interest in trying new technologies.*

D1. What electronic devices do you have?	D2. How frequently do you use each device?			
<input type="checkbox"/> Laptop	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Desktop computer	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Tablet/iPad	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Smartphone (iPhone or Android)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Amazon Alexa or Google Home	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Television	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day

**D3. Do you have an email account?**

Yes

No

Not sure

**D4. Do you pay for home internet services? (This does not include your phone plan.)**

Yes                       No                       Not sure

**D5. I feel comfortable using technology and devices (internet, computer, laptop, tablet, or smartphone).**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D6. I can look up the information I need on the internet.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7. I believe technology (electronic devices or the internet) helps me to live well and independently.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D8. I currently use the following technology to stay connected to my friends and family:**

**(CHECK ALL THAT APPLY)**



- Text Messaging
- Email
- Video Calls
- Phone Calls (Voice Only)
- Other: \_\_\_\_\_
- N/A

**D9. I currently use electronic devices or the internet for entertainment.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
( )	( )	( )	( )	( )

**D10. I currently use electronic devices or the internet to keep me healthy and active.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
( )	( )	( )	( )	( )

**D11. I currently use the following technology to stay connected to my doctor**

Phone	Desktop Computer/Laptop	Tablet/iPad	None
( )	( )	( )	( )

**END OF SURVEY**

**Thank you for completing this survey! Please return this form to (STAFF) by (DATE) to receive (REWARD).**

**As a reminder, if you need clarification on any of these questions, please talk to (STAFF) when returning your survey.**

**FOR STAFF ONLY:**

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CMTY:	ID:
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**Did resident receive assistance in filling out survey?**

**Yes            No**

**All questions complete?**

**Including free entry boxes, if resident selected "Other" at A3, A4, C3, D1, D2.**

**Yes            No**

社区:	身份证号(ID):
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尊敬的居民:

(Community Name) 正准备推出一项新的服务:“灯塔”项目以帮助大家使用科技与网络。“灯塔”项目将会为大家安装免费无线网络(wifi)并分发科技设备。我们也将开设学习小组帮助大家学习如何使用科技设备与家人联系沟通、获取保健福祉信息与社区资源。

您的意見和經驗對於燈塔項目的成功至關重要。請花幾分鐘完成此調查,並在3月1日星期一之前將其交給 (Staff) 或 (Staff)。完成後, 您將收到 (Reward Amount) 美元的 (Reward) 禮品卡。如果您需要填寫問卷的幫助, 請聯繫 (Staff) 或 (Staff)。

姓 (Last Name)	名 (First Name)
邮件地址(Email)	日期 (Date)
电话号码 (Phone)	房间号码 (Room Number)

### 人口统计学信息

A1. **What is your YEAR of birth?** 您的出生年份? 19\_\_\_\_

A2. 您的性别?      ( )男 ( )女 ( )其他

A3. 下面哪一项最符合您的情况? 我是

- |                  |              |
|------------------|--------------|
| ( )美国印第安人/阿拉斯加土著 | ( )黑种人/非裔美国人 |
| ( )亚洲人           | ( )菲律宾人      |
| ( )夏威夷土著/太平洋岛屿著民 | ( )白种人       |

西班牙裔/拉丁裔

跨种族/双种族

欧洲裔白种人

其他: \_\_\_\_\_

A4. 您更喜欢用哪种语言交流? (请勾选所有符合的选项)

英语

俄语

韩语

西班牙语

普通话

美国手语

粤语

其他: \_\_\_\_\_

越南语

A5. 您的婚姻状态?

已婚/与伴侣同居

分居

丧偶

单身

离异

A6. 您完成的最高学历水平?

未上过学

大学部分课程

中学以下

大学学位

中学/通识教育证书(GED)

硕士学位

A7. 您在哪个国家完成的您的最高学历?

美国

美国外其他国家

## 环境

我们希望了解您对家内外环境的体验和感受

B1. 您家里的灯/灯光好控制吗?

非常简单  较容易

有点困难  很困难

B2. 您在室内行动方便吗?

非常方便/容易

较方便/容易

有点困难/不方便

很困难/不方便

B3. 您会担心自己摔跤吗？

担心                       不担心                       不确定

B4. 您去往步行可达距离以外的地方容易吗？

非常方便/容易  
 较方便/容易  
 有点困难/不方便  
 很困难/不方便

B5. 您在家里有安全感、安心感吗？

有                       没有                       不确定

### 幸福健康

我们希望从以下问题了解您的身体健康、情绪状态、及与亲友邻居的关系情况

C1. 总的来说,您如何评价自己的身体健康状况？

完全健康;  非常健康;  健康;       一般;       不好

C2. 总的来说, 您如何评价自己的情绪状态吗？

棒极了;     很好;                       好;                       一般;       不好

C3. 我在以下方面存在(健康)问题:(选择所有符合的项)

视力;                       听力;                       行动力;  
 意识/记忆力;  其他;     不作答

C5. 您感到缺少陪伴吗？

从不                       偶尔                       有时                       经常

C6. 您感到被孤立/排斥吗？

从不                       偶尔                       有时                       经常

C7. 您感到与他人相隔离吗？

从不                       偶尔                       有时                       经常

C4. 您获取得到您当前所需的医生、健康服务吗？

可以                       不行                       不确定/不一定

C5. 您掌有足够的保健信息照顾自己吗？

有            没有            不确定/不一定

家人情况:以下问题请考虑与您有生养(包括领养)、婚姻关系的家人情况作答

C6. 家人中,您每月与之至少见面/往来一次的有几人?

无            1个            2个            3-4个  
5-8个            9个或以上

C7. 家人中,您可与之谈论隐私事宜的有几人?

无            1个            2个            3-4个  
5-8个            9个或以上

C8. 家人中,您感到与之亲近、遇到困难可以向其求助的有几人?

无            1个            2个            3-4个  
5-8个            9个或以上

朋友情况:以下问题请考虑您所有朋友包括邻居情况作答

C9. 所有朋友中,每月与您至少见面/往来一次的有几人?

无            1个            2个            3-4个  
5-8个            9个或以上

C10. 所有朋友中,您可与之谈论隐私事宜的有几人?

无            1个            2个            3-4个  
5-8个            9个或以上

C11. 所有朋友中,您感到与之亲近、遇到困难可以向其求助的有几人?

无            1个            2个            3-4个  
5-8个            9个或以上

请根据您两周内的情况对以下问题作答:

C12. 您常感到负面情绪吗?比如悲伤、无望、焦虑、抑郁?

从不            很少            有时            经常  
总是

## 科技与网络

我们想了解您熟悉/会使用哪种科技(产品), 或者对尝试哪种科技(产品)感兴趣

D1.您现拥有哪种电子设备?	D2.您使用该设备的频率是?			
<input type="checkbox"/> 笔记本电脑	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上
<input type="checkbox"/> 台式电脑	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上
<input type="checkbox"/> 平板/iPad	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上
<input type="checkbox"/> 智能电话(iPhone或 安卓电话)	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上
<input type="checkbox"/> Amazon Alexa或 Google Home	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上
<input type="checkbox"/> 电视	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上
其他: _____	<input type="checkbox"/> 从不	<input type="checkbox"/> 一周1次以下	<input type="checkbox"/> 一周1-3次	<input type="checkbox"/> 一天1次以上

D3. 您有电子邮箱吗?

有           没有           不确定

D4. 您有购买居家网络服务吗?(不包括手机上网套餐)

有           没有           不确定

D5. 我使用科技设备(网络、电脑、笔记本电脑、平板、智能手机)感到毫无障碍

强烈同意    同意           不确定

不同意           强烈反对

D6. 我能够上网查询我需要的信息

强烈同意  同意  不确定

不同意  强烈反对

D7. 我相信科技(电子产品/网络)可以助我生活得更好、更独立

强烈同意  同意  不确定

不同意  强烈反对

D8. 我会使用以下科技产品与亲朋保持联系(请勾选所有符合您情况的选项)

短信  电话(仅语音)

邮件  其他: \_\_\_\_\_

视频电话

D9. 我会使用电子设备/网络进行休闲娱乐活动

强烈同意  同意  不确定

不同意  强烈反对

D10. 我会使用电子设备/网络保健、保持活跃

强烈同意  同意  不确定

不同意  强烈反对

D11. 我会使用以下科技与我的医生保持联系

电话  电脑(台式/笔记本)

平板/iPad  无

### 調查結束

感謝您完成這項調查！請在3月1日星期一之前將此表格退回(Staff)或(Staff)，以獲取(Staff)的禮品卡。

提醒您，如果您需要對這些問題中的任何一個進行澄清，請在退回調查時與(Staff)或(Staff)聯繫。



**FOR STAFF ONLY:**

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**Did resident receive assistance in filling out survey?**

**Yes            No**

**All questions complete?**

**Including free entry boxes, if resident selected "Other" at A3, A4, C3, D1, D2.**

**Yes            No**

CMTY:	ID:
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Dear Resident 입주민분들께:

(Community name) is preparing to bring a new technology program to the community to help residents connect to the internet. The program will install free Wi-Fi internet and distribute free technology devices to residents. We will also provide workshops to help you learn how to use your devices to talk to friends and family, access information on health and wellbeing, and connect to community resources.

굿 셰퍼드 메너는 주민들이 인터넷에 연결할 수 있도록 새로운 기술 프로그램을 커뮤니티에 제공 할 준비를하고 있습니다. 이 “라이트 하우스”라는 프로그램은 무료 와이파이 인터넷을 설치해줄 것이며 주민분들에게 무료 기술 장치또한 배포할 것입니다. 또한 친구 및 가족과 대화하고, 건강 및 웰빙에 대한 정보를 찾아보고, 커뮤니티 자원에 연결하는 방법 등을 주어진 기기를 통해 배우실 수 있도록 워크숍 또한 제공 할 것입니다.

Your opinions and experiences are important to making a successful program. **Please take a few minutes to fill out this survey by completing ALL of the questions and return it to (STAFF) by (DATE) and enter a raffle for a (REWARD). If you need help completing this survey, please contact (STAFF).**

귀하의 의견과 경험은 Lighthouse를 성공적인 프로그램으로 만드는 데 중요합니다. 몇 분 정도 시간을내어 모든 질문을 완료하여 설문 조사를 작성하고 5월 10일 월요일까지 (STAFF) 또는 (STAFF) 에게 반환하고 (REWARD) 기프트 카드 (REWARD) 달러를 받으실 수 있는 추천에 응모하십시오. 이 설문 조사를 완료하는 데 도움이 필요하다면 (STAFF) 또는 (STAFF)에게 문의하십시오.

<b>First Name(이름):</b>	<b>Last Name(성):</b>
<b>Email(이메일):</b>	<b>Date(날짜):</b>
<b>Phone(전화번호):</b>	<b>Room Number(방번호):</b>

CMTY:

ID:

**DEMOGRAPHICS** 인구통계

**A1. What is your YEAR of birth?** 귀하의 태어난 연도가 언제입니까? 19 \_\_\_\_

**A2. What is your gender?** 귀하의 성별을 선택해 주십시오.

Male 남       Female여       Other기타

**A3. Which of the following best describes you?** 다음 항목에서 당신을 가장 잘 설명하는 것은 무엇인가요?

American Indian or Alaskan Native

아메리칸 인디언 또는 알래스칸 원주민

Asian 아시안 계

Native Hawaiian or Pacific

Islander 하와이 원주민 또는 태평양 섬 원주민

Black or African American

흑인 또는 아프리카 계 미국인

Filipino 필리핀 계

White 백인

Hispanic or Latino 히스패

또는 라틴계

Multiracial or Biracial

다인종 또는 혼혈

Other (specify): 기타(예시)

**A4. What language(s) do you prefer to use to communicate?** 주로 어느 언어(들)로 소통하십니까?

**(CHECK ALL THAT APPLY) (해당되는 모든 것을 체크하세요)**

English 영어

Korean 한국어

Mandarin 관화

Cantonese 광둥어

Vietnamese 베트남어

Farsi 페르시

Russian 러시아어

Spanish 스페인어

American Sign

Language 미국식 수화

Thai 태국어

Other (specify) 기타(예시):

**A5. What is your marital status?** 귀하의 혼인상태를 선택해 주십시오

- Married/Living with Partner 기혼 또는 동거       Separated 별거
- Widowed 사별       Single 미혼
- Divorced 이혼

**A6. What is your highest level of education that you have completed?** 귀하의 최종학력을 선택해 주십시오

- Never Attended School 학교를 다닌 적이 없음       Some College 대학 중퇴
- Did not finish High School 고등학교 중퇴       College Degree 학사
- Completed High School or GED 고졸 또는 검정고시       Graduate Degree 석사

**A7. In what country did you complete your highest level of school?** 당신은 어느 나라에서 가장 높은 수준의 학교를 마쳤습니까?

- US 미국       Outside of the US 미국 외

## ENVIRONMENT 거주 환경

We want to understand your feelings on the environment around you – both in and outside your home. 귀하의 집 안팎에서 주변환경에 대한 귀하의 감정을 잘 이해하고자 합니다.

**B1. How easy is it for you to control lights in your home?**

귀하의 집에서 조명의 밝기를 조절하는 것에 어느정도 편함을 느끼십니까?

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
아주 쉬움	조금 쉬움	조금 어려움	매우 어려움
( )	( )	( )	( )

**B2. How easy is it for you to get around your home safely and comfortably?**

귀하의 집 안에서 돌아다니는 것이 얼마나 안전하고 편안하다고 느끼십니까?

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
아주 쉬움	조금 쉬움	조금 어려움	매우 어려움
( )	( )	( )	( )

**B3. Are you concerned about falling?**

귀하의 집에서 넘어질까 봐 걱정되십니까?

( ) Yes예                      ( ) No아니요                      ( ) Not sure 잘 모르겠다

**B4. How easy is it for you to get to places out of walking distance?**

귀하의 목적지가 걸어갈 수 없는 위치에 있을 때 그 장소까지 가는 것이 얼마나 쉬우십니까?

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
아주 쉬움	조금 쉬움	조금 어려움	매우 어려움
( )	( )	( )	( )

**B5. Do you feel safe and secure in your home?**

귀하는 집 안에 있을 때 귀하가 안전하다고 느끼십니까?

CMTY:

ID:

( ) Yes에

( ) No아니요

( ) Not sure 잘 모르겠다

## HEALTH AND WELL-BEING 건강과 웰빙

*We now want to learn more about your physical and emotional health, and connections that you have with friends, family, and neighbors.* 이제 우리는 귀하의 신체적, 정서적 건강과 친구, 가족 및 이웃과의 관계에 대해 더 자세히 알아보고자 합니다.

### C1. In general, how would you rate your physical health?

일반적으로, 귀하는 본인의 신체 건강에 대해 어떻게 생각하십니까?

Excellent	Very good	Good	Fair	Poor
최상	매우 좋음	좋음	보통	부족
( )	( )	( )	( )	( )

### C2. In general, how would you rate your emotional health?

일반적으로, 귀하는 본인의 정서적 건강에 대해 어떻게 생각하십니까?

Excellent	Very good	Good	Fair	Poor
최상	매우 좋음	좋음	보통	부족
( )	( )	( )	( )	( )

### C3. I have challenges in the following areas:

**(CHECK ALL THAT APPLY):** 다음 영역에서 애로사항이 있으신 부분을 선택해주시오  
(해당되는 항목을 모두 선택해주시기 바랍니다):

Vision 시력	Hearing 청력	Mobility 이동성	Cognition/Memory 인지/기억력	Other: (Specify)기타(예시): _____	N/A
( )	( )	( )	( )	( )	( )

**C4. How often do you feel you lack companionship?** 당신은 얼마나 자주 동료관계가 부족하다고 느끼나요?

Never 전혀  ( )	Hardly Ever 거의 없음  ( )	Some of the Time 가끔  ( )	Often 자주  ( )
------------------------	------------------------------------	-----------------------------------	------------------------

**C5. How often do you feel left out?** 얼마나 자주 소외감을 느끼나요?

Never 전혀  ( )	Hardly Ever 거의 없음  ( )	Some of the Time 가끔  ( )	Often 자주  ( )
------------------------	------------------------------------	-----------------------------------	------------------------

**C6. How often do you feel isolated from others?** 당신은 얼마나 자주 다른 사람들과 고립되었다고 느끼나요?

Never 전혀  ( )	Hardly Ever 거의 없음  ( )	Some of the Time 가끔  ( )	Often 자주  ( )
------------------------	------------------------------------	-----------------------------------	------------------------

**C7. Do you have access to all of the doctors and health services that you currently need?**

귀하는 현재 필요한 상황에 의사와 상담하거나 모든 의료 서비스를 이용할 수 있습니까?

Yes예                       No아니요                       Not sure 잘 모르겠다

**C8. Do you have enough information about your health to help you take care of yourself?**

귀하는 자신을 돌보는 데 있어서 도움이 되는 건강 정보를 충분히 가지고 계십니까?

Yes예                       No아니요                       Not sure 잘 모르겠다

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

가족: 다음은 출생, 결혼 또는 입양 관계인 자녀 혹은 친척인 사람들과 관련된 질문입니다.

**C9. How many relatives do you see or hear from at least once a month?**

귀하는 한 달에 한 번 이상 친척을 만나거나 소식을 듣는 사람이 몇 명이라고 생각하십니까?

None없음                       1                       2                       3 or 4                       5 to 8                       9 or more  
9명 이상

**C10. How many relatives do you feel at ease with that you can talk about private matters?**

귀하는 귀하의 사적인 일에 대해 이야기할 수 있는 친인척은 몇 명이라고 생각하십니까?

None없음                       1                       2                       3 or 4                       5 to 8                       9 or more  
9명 이상





**C14. How many friends do you feel close to such that you could call on them for help?**

귀하는 전화로 도움을 청할 수 있을 정도로 가깝다고 느끼는 친구가 몇 명이라고 생각하십니까?

- ( ) None ( ) 1 ( ) 2 ( ) 3 or 4 ( ) 5 to 8 ( ) 9 or more  
 없음 9명 이상

**The following question refers to how often you have felt or experienced certain things in the last two weeks:**

다음은 지난 2 주 동안 특정 일을 얼마나 자주 느꼈거나 경험했는지에 대한 질문입니다

**C15. How often do you have negative feelings such as blue mood, despair, anxiety, depression?**

우울한 기분, 절망, 불안, 우울증과 같은 부정적인 감정이 얼마나 자주 있습니까?

- |       |        |             |            |        |
|-------|--------|-------------|------------|--------|
| Never | Seldom | Quite often | Very often | Always |
| 전혀    | 드물게    | 자주          | 매우 자주      | 항상     |
| ( )   | ( )    | ( )         | ( )        | ( )    |

*We want to understand what types of technology you're comfortable and familiar with, and any interest in trying new technologies.* 어떤 유형의 기술이 편안하고 익숙하고 또 새로운 기술을 시도하는 데 관심이 있는지 알고 싶습니다.

<b>D1. What electronic devices do you have?</b> 귀하가 현재 가지고 계신 전자 기기는 무엇입니까?	<b>D2. How frequently do you use each device?</b> 귀하는 전자 기기를 얼마나 자주 사용하십니까?				
<input type="checkbox"/> Laptop 노트북	<input type="checkbox"/> Never 전혀 사용 안함	<input type="checkbox"/> Less than once/week 주1회 이하	<input type="checkbox"/> 1 to 3 times/week 주1-3회	<input type="checkbox"/> At least once/day 하루에 한번 이상	
<input type="checkbox"/> Desktop computer 데스크톱 컴퓨터	<input type="checkbox"/> Never 전혀 사용 안함	<input type="checkbox"/> Less than once/week 주1회 이하	<input type="checkbox"/> 1 to 3 times/week 주1-3회	<input type="checkbox"/> At least once/day 하루에 한번 이상	
<input type="checkbox"/> Tablet/iPad 테블릿/아이패드	<input type="checkbox"/> Never 전혀 사용 안함	<input type="checkbox"/> Less than once/week 주1회 이하	<input type="checkbox"/> 1 to 3 times/week 주1-3회	<input type="checkbox"/> At least once/day 하루에 한번 이상	
<input type="checkbox"/> Smartphone (iPhone or Android) 핸드폰 (아이폰, 안드로이드)	<input type="checkbox"/> Never 전혀 사용 안함	<input type="checkbox"/> Less than once/week 주1회 이하	<input type="checkbox"/> 1 to 3 times/week 주1-3회	<input type="checkbox"/> At least once/day 하루에 한번 이상	
<b>D1. What electronic devices do you</b>	<b>D2. How frequently do you use each device?</b> 귀하는 전자 기기를 얼마나 자주 사용하십니까?				

<b>have?</b> 귀하가 현재 가지고 계신 전자 기기는 무엇입니까?			
<input type="checkbox"/> <b>Amazon Alexa or Google Home</b> 아마존 알렉사 또는 구글 홈	<input type="checkbox"/> <b>Never</b> 전혀 사용 안함	<input type="checkbox"/> <b>Less than once/week</b> 주1회 이하	<input type="checkbox"/> <b>1 to 3 times/week</b> 주1-3회
<input type="checkbox"/> <b>Television</b> 텔레비전	<input type="checkbox"/> <b>Never</b> 전혀 사용 안함	<input type="checkbox"/> <b>Less than once/week</b> 주1회 이하	<input type="checkbox"/> <b>1 to 3 times/week</b> 주1-3회
<input type="checkbox"/> <b>Other 기타:</b> _____	<input type="checkbox"/> <b>Never</b> 전혀 사용 안함	<input type="checkbox"/> <b>Less than once/week</b> 주1회 이하	<input type="checkbox"/> <b>1 to 3 times/week</b> 주1-3회

**D3. Do you have an email account?**

귀하는 본인의 이메일 계정을 가지고 계십니까?

- Yes예                     
  No아니요                     
  Not sure 잘 모르겠다

**D4. Do you pay for home internet services? (This does not include your phone plan.)**

귀하는 본인의 집에 자체 와이파이 네트워크를 구비하고 계십니까?

- Yes예                     
  No아니요                     
  Not sure 잘 모르겠다

**D5. I feel comfortable using technology and devices (internet, computer, laptop, tablet, or smartphone).**

나는 기술 정보와 기기 (인터넷, 컴퓨터, 노트북, 태블릿, 스마트 폰)를 편안하게 사용한다.

	Somewhat		Somewhat	
Strongly	Agree		Disagree	Strongly
Agree	어느정도	Not Sure	어느정도	Disagree
매우동의	동의	잘 모르겠다	비동의	매우 비동의
( )	( )	( )	( )	( )

**D6. I can look up the information I need on the internet.**

나는 인터넷에서 필요한 정보를 찾을 수 있다.

	Somewhat		Somewhat	
Strongly	Agree		Disagree	Strongly
Agree	어느정도	Not Sure	어느정도	Disagree
매우동의	동의	잘 모르겠다	비동의	매우 비동의
( )	( )	( )	( )	( )

**D7. I believe technology (electronic devices or the internet) helps me to live well and independently.**

나는 현대 기술(전자 기기나 인터넷)이 삶의 질을 높이고 독립적으로 살 수 있도록 도와준다고 생각한다.

	Somewhat		Somewhat	
Strongly	Agree		Disagree	Strongly
Agree	어느정도	Not Sure	어느정도	Disagree
매우 동의	동의	잘 모르겠다	비동의	매우 비동의
( )	( )	( )	( )	( )

**D8. I currently use the following technology to stay connected to my friends and family:**

나는 현재 전자기기 혹은 인터넷을 사용하여 친구나 가족과 계속 연락을 주고 받고 지낸다.

**(CHECK ALL THAT APPLY)** 해당 사항에 모두 체크해주세요.

- Text Messaging 문자 메시지
- Email 이메일
- Video Calls 화상 통화
- Phone Calls (Voice Only) 음성 통화
- Other 기타: \_\_\_\_\_
- N/A

**D9. I currently use electronic devices or the internet for entertainment.**

나는 현재 여가 혹은 취미용으로 전자제품이나 인터넷을 사용하고 있다.

	Somewhat Agree		Somewhat Disagree	
Strongly Agree	어느정도	Not Sure	어느정도	Strongly Disagree
매우 동의	동의	잘 모르겠다	비동의	매우 비동의
( )	( )	( )	( )	( )

**D10. I currently use electronic devices or the internet to keep me healthy and active.**

나는 현재 건강하고 활동적인 삶을 위해 전자기기나 인터넷을 사용하고 있다.

	Somewhat Agree		Somewhat Disagree	
Strongly Agree	어느정도	Not Sure	어느정도	Strongly Disagree
매우 동의	동의	잘 모르겠다	비동의	매우 비동의
( )	( )	( )	( )	( )

**D11. I currently use the following technology to stay connected to my doctor**

나는 현재 의사에게 계속 연락하기 위해 다음의 전자기기를 사용하고 있다.

Phone 전화	Desktop Computer/Laptop	Tablet/iPad	None
	데스크톱 컴퓨터/노트북	테블릿/아이패드	없음
( )	( )	( )	( )

**END OF SURVEY** 설문 조사 종료

**Thank you for completing this survey! Please return this form to (STAFF) by (DATE) to receive (REWARD).**

CMTY:	ID:
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이 설문 조사를 완료 해주셔서 감사합니다! **(REWARD)** 기프트 카드를 받으려면 **(DATE)** 월요일까지이 양식을 **(STAFF)** 또는 **(STAFF)** 에게 제출하여 주십시오.

**As a reminder, if you need clarification on any of these questions, please talk to (STAFF) when returning your survey.** 다시 말씀 드립니다. 위의 질문에 대한 설명이 필요한 경우 설문 조사를 제출할 때 **(STAFF)** 또는 **(STAFF)** 에게 문의하시기 바랍니다.

**FOR STAFF ONLY:**

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**Did resident receive assistance in filling out survey?**

Yes            No

**All questions complete?**

**Including free entry boxes, if resident selected "Other" at A3, A4, C3, D1, D2.**

Yes            No