

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 **Adrian Clarke or Shinnæe Sung by January 24<sup>th</sup>, 2022.** If you need help completing this survey, please contact **Adrian Clarke or Shinnæe Sung.** 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

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.**



**19. 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

**20. 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: _____                        |

**21. 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 in my “Pod”**

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

**Help from a neighbor who is not in my “Pod”**

- 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

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

- Very Satisfied     Somewhat Satisfied     Somewhat Dissatisfied     Very Dissatisfied

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

- Very Difficult     Somewhat Difficult     Somewhat Easy     Very Easy

**24. 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 tablet, computer, laptop, or smartphone (for example, an iPhone or Android phone).

**25. I feel comfortable with technology.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**26. Technology makes me nervous.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**28. Technology is confusing.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**29. I feel apprehensive about using technology.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**31. Technology helps me be connected with family and friends.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**32. Technology helps me learn new information and skills.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

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