

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 **Emilio Merino at your assigned tablet pick up date and time**. If you need help completing this survey, please contact Emilio. 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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Room # \_\_\_\_\_

### 1. What is your year of birth?

19

### 2. What is your gender?

Male       Female       Other (Please specify): \_\_\_\_\_

### 3. Which of the following best describes you?

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> Hispanic or Latino      |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> White or Caucasian      |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Multiracial or biracial |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Filipino                            |  |

### 4. 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"/> Other: _____           |
| <input type="checkbox"/> Vietnamese |   |

### 5. How well do you speak English?

Very well       Well       Not Well       Not at All

### 6. What is your marital status?

Married/Living with Partner       Separated

- Widowed  Single  
 Divorced

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

- Never Attended School  Some College  
 Some High School  College Degree  
 Completed High School or GED  Graduate Degree

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

- US  Outside of the US

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

- Excellent  Very Good  Good  Fair  Poor

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

- Vision  Hearing  Mobility  Other: \_\_\_\_\_  None

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

- Yes  No

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

- Excellent  Very Good  Good  Fair  Poor

**13. 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

**14. How often do you feel that you lack companionship?**

- Never  Hardly Ever  Some of the Time  Often

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

- Never  Hardly Ever  Some of the Time  Often

**16. 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...**

**17. 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

**18. 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

**19. 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...**

**20. 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

**21. 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

**22. 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

**23. How long have you been using technology, such as a computer, laptop, tablet or smartphone?**

- More than 2 years     1 to 2 years     Less than 1 year     I have never used these

**24. How often do you use a desktop or laptop computer?**

- About once per day     2 to 4 times per week     Once or less than once per week     Never     I do not own a desktop or laptop

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**25. How often do you use a tablet or iPad?**

- About once per day     2 to 4 times per week     Once or less than once per week     Never     I do not own a tablet or iPad

**26. How often do you use a smartphone (iPhone or Android)?**

- About once per day     2 to 4 times per week     Once or less than once per week     Never     I do not own a smartphone

**27. How often do you use an Amazon Alexa or Google Home?**

- About once per day     2 to 4 times per week     Once or less than once per week     Never     I do not own an Amazon Alexa or Google Home

**28. 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

**29. 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

**30. 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

**31. 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

**The next questions ask about how you feel about technology, such as a computer, laptop, tablet or smartphone (such as an iPhone or Android phone).**

**32. I feel comfortable with technology.**

- Strongly Agree     Somewhat Agree     Somewhat Disagree     Strongly Disagree

**33. Technology makes me nervous.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**35. Technology is confusing.**

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

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

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

**40. When you have problems with your technology, who do you ask for help? (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Family member | <input type="checkbox"/> Staff at the community where I live |
| <input type="checkbox"/> Friend        | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Neighbor      |  |

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

- Very Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Very Dissatisfied

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

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