Appendix A

Technology survey administered to New York City HDMP participants

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| Technology Use |
| 1. Do you have access to the internet?
 | * Yes
 | * No
 |
| 1. Do you use a computer keyboard to type?
 | * Yes
 | * No
 |
| 1. Do you find information about health on the internet?
 | * Yes
 | * No
 |
| 1. Do you use a computer to enter events into a calendar?
 | * Yes
 | * No
 |
| 1. Do you use a computer to watch movies or videos?
 | * Yes
 | * No
 |
| 1. Do you use a web-cam (camera) to video chat with other people such as Skype or FaceTime?
 | * Yes
 | * No
 |
| 1. Do you post messages to social media such as Facebook or Twitter?
 | * Yes
 | * No
 |
| 1. Do you use any of the following types of computers? (Mark all that apply)
 | * Desktop or laptop
* Tablet or iPad
* Smartphone
* None of the above
 |

|  |
| --- |
| Do you want to learn more about [add “not sure” option?]: |
| 1. Weight loss
 | * Yes
 | * No
 |
| 1. Exercise
 | * Yes
 | * No
 |
| 1. Healthy eating
 | * Yes
 | * No
 |
| 1. Improving sleep
 | * Yes
 | * No
 |
| 1. Meeting new people
 | * Yes
 | * No
 |
| 1. Diabetes
 | * Yes
 | * No
 |
| 1. Other (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Yes
 | * No
 |

|  |
| --- |
| 1. How would you like to receive health information (Mark all that apply):
 |
| * Email
* Videos through computer, smartphone, or iPad
* Group meetings by computer, smartphone, or iPad
* In person visits with a health professional
* Telephone calls with a health professional
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above
 |

|  |
| --- |
| Demographics |
| 1. What is your age?
 | \_\_\_\_\_\_years |
| 1. How tall are you?
 | \_\_\_\_\_\_Feet | \_\_\_\_\_\_Inches |
| 1. How much do weigh?
 | \_\_\_\_\_\_Pounds |  |
| 1. Please indicate which applies to you
 | * Male
* Female
* Transgender, Male to Female
* Transgender, Female to Male
* I prefer not to answer
 |
| 1. Are you Hispanic or Latino?
 | * Yes
* No
* Don’t know
 |
| Demographics (continued) |
| 1. What is your race?

(Mark all that apply) | * White
* Black or African American
* Asian
* Native Hawaiian or Pacific Islander
* American Indian or Alaska Native
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know
 |
| 1. Who do you live with (Mark all that apply)?
 | * Alone
* Spouse
* Children
* Other family members
* Friends
 |
| 1. In general, would you say your health is:
 | * Excellent
* Very good
* Good
* Fair
* Poor
 |
| 1. In general, would you say your diet is:
 | * Excellent
* Very good
* Good
* Fair
* Poor
 |
| 1. Are you interested in learning about a virtual senior center?
 | * Yes
* No
 |