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 | | |

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| 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 |

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| 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 |

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| 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 | | |