

Questionnaire for Covid-19 Impact on Seniors

AIM: To investigate positive effects of technology in the daily-life of seniors, emerged as a consequence of the pandemic and how this will affect the life of seniors in the near future

* Required

1. Age *

2. Gender *

Mark only one oval.

Male

Female

Prefer not to answer

3. Status *

Mark only one oval.

- Single
- In a relationship
- Widow
- Prefer not to answer
- Other: _____

4. What is your living situation? *

Mark only one oval.

- Living alone
- Living with partner
- Living in nursing home
- Prefer not to answer
- Other: _____

5. What is your professional situation? *

Mark only one oval.

Professionally active *Skip to question 7*

Unemployed *Skip to question 9*

Retired *Skip to question 6*

Retirement

6. Since when? *

(years)

Profession

7. What is/was your profession? *

Mark only one oval.

- Academics / Researchers / Doctors / Engineers/ Judges
- Pre-medical (e.g. Nurses) / Education professionals (e.g. Teachers)
- Technicians / Farmers / Builders / Electricians
- Manufacturing workers / Typists
- Clerks and Accountants
- Store owners / Merchants
- Soldier / Army / Police service
- Artists
- Arts, Design, Entertainment, Sports, and Media occupations
- Other

8. If Other, specify

Education

9. How many years of education did you complete? *

(years)

Choose the best answer for how you felt over the past week

Health - 1

10. Are you basically satisfied with your life? *

Mark only one oval.

Yes

No

11. Have you dropped many of your activities and interests? *

Mark only one oval.

Yes

No

12. Do you feel that your life is empty? *

Mark only one oval.

Yes

No

13. Do you often get bored? *

Mark only one oval.

Yes

No

14. Are you in good spirits most of the time? *

Mark only one oval.

Yes

No

15. Are you afraid that something bad is going to happen to you? *

Mark only one oval.

Yes

No

16. Do you feel happy most of the time? *

Mark only one oval.

Yes

No

17. Do you often feel helpless? *

Mark only one oval.

Yes

No

18. Do you prefer to stay at home, rather than going out and doing new things? *

Mark only one oval.

Yes

No

19. Do you feel you have more problems with memory than most people? *

Mark only one oval.

Yes

No

20. Do you think it is wonderful to be alive? *

Mark only one oval.

Yes

No

21. Do you feel pretty worthless the way you are now? *

Mark only one oval.

Yes

No

22. Do you feel full of energy? *

Mark only one oval.

Yes

No

23. Do you feel that your situation is hopeless? *

Mark only one oval.

Yes

No

24. Do you think that most people are better off than you are? *

Mark only one oval.

Yes

No

Technology - 1

Familiarity with technology

25. Do you own... *

Mark only one oval per row.

	Yes	No
A smartphone?	<input type="radio"/>	<input type="radio"/>
A Tablet?	<input type="radio"/>	<input type="radio"/>
A computer?	<input type="radio"/>	<input type="radio"/>

26. *

Mark only one oval per row.

	Very poor	Poor	Average	Good	Excellent
How do you assess your knowledge/capacity of use of these tools (smartphone/tablet/computer)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of technology for social connection

27. Do you use technology for keeping in touch with family and friends? *

Mark only one oval.

- No *Skip to question 32*
- Sometimes
- Often

28. Have you found technology for keeping in touch with family and friends easy to use? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

29. Have you found technology for keeping in touch with family and friends useful in your daily life activities? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

30. Since COVID-19, have you changed the amount of time using technology for keeping in touch with family and friends? *

Mark only one oval.

- No
- Yes, I use it more
- Yes, I use it less

31. If technology will be adapted to your needs, do you wish to use it more for keeping in touch with family and friends? *

Mark only one oval.

No

Yes

Skip to question 34

32. Do you think that using technology for keeping in touch with family and friends can be useful in your daily life activities? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

33. If technology will be adapted to your needs, do you wish to use it for keeping in touch with family and friends? *

Mark only one oval.

No

Yes

Use of technology for health

34. Do you use technology for managing and monitoring your health status (e.g. being in touch with my physician)? *

Mark only one oval.

No *Skip to question 39*

Sometimes

Often

35. Have you found technology for managing and monitoring your health status easy to use? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

36. Have you found technology for managing and monitoring your health status useful in your daily life? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

37. Since COVID-19, have you changed the amount of time using technology for managing and monitoring your health status? *

Mark only one oval.

- No
- Yes, I use it more
- Yes, I use it less

38. If technology will be adapted to your needs, do you wish to use it more for managing and monitoring your health status? *

Mark only one oval.

- No
- Yes

Skip to question 41

39. Do you think that using technology for managing and monitoring your health status can be useful in your daily life? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

40. If technology will be adapted to your needs, do you wish to use it for managing and monitoring your health status? *

Mark only one oval.

- No
- Yes

Use of technology for daily schedule

41. Do you use technology for managing / planning your daily schedule? *

Mark only one oval.

No *Skip to question 46*

Sometimes

Often

42. Have you found technology for managing / planning your daily schedule easy to use? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

43. Have you found technology for managing / planning your daily schedule useful in your daily life? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

44. Since COVID-19, have you changed the amount of time using technology for managing / planning your daily schedule? *

Mark only one oval.

No

Yes, I use it more

Yes, I use it less

45. If technology will be adapted to your needs, do you wish to use it more for managing / planning your daily schedule? *

Mark only one oval.

- No
 Yes

Skip to question 48

46. Do you think that using technology for managing / planning your daily schedule can be useful in your daily life? *

Mark only one oval.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

47. If technology will be adapted to your needs, do you wish to use it for managing / planning your daily schedule? *

Mark only one oval.

- No
 Yes

Use of technology for entertainment

48. Do you use technology for entertainment activities (e.g. playing games, watching movies, listening to music/podcasts)? *

Mark only one oval.

- No *Skip to question 53*
- Sometimes
- Often

49. Have you found technology for entertainment activities easy to use? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

50. Have you found technology for entertainment activities useful in your daily life? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

51. Since COVID-19, have you changed the amount of time using technology for entertainment activities? *

Mark only one oval.

- No
- Yes, I use it more
- Yes, I use it less

52. If technology will be adapted to your needs, do you wish to use it more for entertainment activities? *

Mark only one oval.

- No
- Yes

Skip to question 55

53. Do you think that using technology for entertainment activities can be useful in your daily life? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

54. If technology will be adapted to your needs, do you wish to use it for entertainment activities? *

Mark only one oval.

No

Yes

Skip to question 55

Use of technology for educational

55. Do you use technology for educational activities (e.g. arts & crafts, reading, writing, cooking classes)? *

Mark only one oval.

No *Skip to question 60*

Sometimes

Often

Skip to question 55

56. Have you found technology for educational activities easy to use? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

57. Have you found technology for educational activities useful in your daily life? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

58. Since COVID-19, have you changed the amount of time using technology for educational activities? *

Mark only one oval.

- No
- Yes, I use it more
- Yes, I use it less

59. If technology will be adapted to your needs, do you wish to use it more for educational activities? *

Mark only one oval.

- No
- Yes

Skip to question 62

60. Do you think that using technology for educational activities can be useful in your daily life? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

61. If technology will be adapted to your needs, do you wish to use it for educational activities? *

Mark only one oval.

No

Yes

Skip to question 62

Use of technology for physical activities

62. Do you use technology for physical activities (e.g. online gym classes, step counter)? *

Mark only one oval.

No *Skip to question 67*

Sometimes

Often

63. Have you found technology for physical activities easy to use? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

64. Have you found technology for physical activities useful in your daily life? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

65. Since COVID-19, have you changed the amount of time using technology for physical activities? *

Mark only one oval.

- No
- Yes, I use it more
- Yes, I use it less

66. If technology will be adapted to your needs, do you wish to use it more for physical activities? *

Mark only one oval.

- No
- Yes

Skip to question 69

67. Do you think that using technology for physical activities can be useful in your daily life? *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

68. If technology will be adapted to your needs, do you wish to use it for physical activities? *

Mark only one oval.

No

Yes

Technology - 2

69. Do you use technology for other activities not listed before? *

Mark only one oval.

No

Other: _____

70. Please, describe one activity with which you use technology that makes you happy *

Technology - Facilitating conditions

With the term "technology" we refer to mobile apps, social networks, platfmors, etc...

71. I had the money necessary to use technology *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

72. I had the knowledge necessary to use technology *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

73. A specific person (or group) was available for me to give assistance with difficulties of technology use *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

74. A specific person (or group) pushed me to use technology *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

12-Item Short Form Survey (SF-12)

75. In general, would you say your health is: *

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

76. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? *

Mark only one oval per row.

	YES, limited a lot	YES, limited a little	NO, not limited at all
Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. During the COVID-19 pandemic, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? *

Mark only one oval per row.

	Yes	No
Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>

78. During the COVID-19 pandemic, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? *

Mark only one oval per row.

	Yes	No
Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
Did work or activities less carefully than usual	<input type="radio"/>	<input type="radio"/>

79. During the COVID-19 pandemic, how much did pain interfere with your normal work (including work outside the home and housework)? *

Mark only one oval.

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

80. How much of the time during the COVID-19 pandemic... *

These questions are about how you have been feeling during the COVID-19 pandemic. For each question, please give the one answer that comes closest to the way you have been feeling.

Mark only one oval per row.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Have you felt calm & peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt down-hearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. During the COVID-19 pandemic, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? *

Mark only one oval.

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Health Condition

82. Before COVID-19, were you diagnosed with a health condition that affects your functioning? *

Mark only one oval.

- No
- Yes

83. If yes, please specify:

Check all that apply.

- Attention deficit disorder
- Learning disability
- Physical disability
- Mental disability
- Malignant disease
- Stroke
- Diabetes
- Heart condition
- Chronic health condition
- Dementia

Other: _____

84. Do you use any aids (e.g., glasses, hearing aid, walking stick)? *

Mark only one oval.

- No
- Yes

85. If yes, please specify:

Check all that apply.

- Glasses
 Hearing aid
 Walking stick

Other: _____

86. Do you suffer any health symptoms? *

Please, tick the most suitable response

Mark only one oval per row.

	Not at all	Seldomly	Sometimes	Often	Very often
Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. Do you suffer any other health symptom? *

Mark only one oval.

No

Other: _____

88. In the last month... *

Mark only one oval per row.

	No	Yes
Have you been hospitalized?	<input type="radio"/>	<input type="radio"/>
Have you experienced any falls?	<input type="radio"/>	<input type="radio"/>

89. In which frequency do you have memory problems interfering daily activities? *

Mark only one oval.

Never

Once a week or less

Twice or three times a week

Every day

Several times in the day

COVID-19 related questions

90. *

Mark only one oval per row.

	No	Yes
Have you been checked for COVID-19?	<input type="radio"/>	<input type="radio"/>
Were you diagnosed with COVID-19?	<input type="radio"/>	<input type="radio"/>
Were you hospitalized/received intensive care?	<input type="radio"/>	<input type="radio"/>
Did you know anyone who got infected with SARS-CoV-2?	<input type="radio"/>	<input type="radio"/>
Were you recommended isolation due to COVID-19?	<input type="radio"/>	<input type="radio"/>
Did you feel the support of your GP during the pandemic?	<input type="radio"/>	<input type="radio"/>
Any of your relatives is a health professional working with COVID-19 patients?	<input type="radio"/>	<input type="radio"/>

91. Generally, I think I am well informed about COVID-19 disease / pandemic *

Mark only one oval.

Strongly disagree

Disagree

Neutral

Agree

Strongly Agree

Autonomy/Independence

92. How independent are you in... *

Mark only one oval per row.

	Independent	Partially independent	Not independent
Managing your finances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housekeeping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing your diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. Due to the pandemic, you felt *

Mark only one oval.

More Independent

Less independent

No changes

94. If you wish, please explain why

This content is neither created nor endorsed by Google.

Google Forms