



Cyber-Seniors Program Senior Survey

Welcome to the Cyber-Seniors Program Senior Survey

Thank you in advance for completing this survey. Your answers will help us to evaluate the impact of the Cyber-Seniors program and to ensure continuous quality improvement.

Your responses will be confidential and will not be stored with any identifying information such as your name or IP address.



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Demographics & General Information

You may be wondering why we are asking these demographic questions about your income, race/ethnicity or whether I am a veteran.

It is important for Cyber-Seniors to know the type of people we are helping. We want to know if we are successfully reaching people that can most benefit from the program.

* 1. What is your gender?

- Male
- Female
- Other
- Prefer not to answer

* 2. What is your primary language?

- English
- French
- Spanish
- Other (please specify)

* 3. Please specify your race/ethnicity:

- North/South American Indigenous
- Asian
- Black or African American
- Hispanic or Latino
- Native Pacific Islander
- White
- Other (please specify)

* 4. Are you a veteran?

- Yes
- No

* 5. Which of the following best describes your current relationship status?

- Married / Civil Union / Domestic Partnership
- Widowed
- Divorced / Separated
- Single

* 6. Which of the following best describes your employment status?

- Employed - working full-time or part-time
- Unemployed - looking for work
- Unemployed - not able to work
- Retired

* 7. Have either your relationship or employment status changed in the past year?

- Yes
- No

* 8. What was your total income for the past year before taxes?

- Less than or equal to \$30,000
- More than \$30,000

* 9. What is the highest level of education you completed?

- Did not complete high school
- Completed high school or received GED
- Graduated college
- Received graduate degree

* 10. What is your living status?

- Live independently in my own home / apartment
- Live with others - friends or family members
- Live in a Retirement Facility / Assisted Living Facility / Supportive Housing with other seniors in the same building
- Other (please specify)

* 11. Do you have access to accessible and affordable transportation?

- Yes
- No

* 12. Please check all that apply. I experience:

- Chronic disease
- Hearing loss
- Mobility impairment (use a cane/walker/wheelchair)
- Falls / fear of falling
- Depression
- Visual impairment
- None of the above

* 13. Did you participate in any Cyber-Seniors program prior to April, 2020? (ie. Pre COVID 19 Pandemic)

- Yes
- No

14. If you answered Yes to the above question please provide details of your previous involvement.

* 15. Please indicate what Cyber-Seniors services you have participated in since April. (Check all that apply)

- Webinars
- One-on-one sessions
- Phone-in Tech Support
- Self-Tutorials on Website
- None of the above



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Technology

You may be wondering why we want to know about how you use technology.

If we have a good understanding of how older adults use technology, how often, and what they use it for before they start the Cyber-Seniors program, it gives us a better idea of how the Cyber-Seniors program has impacted their life.

* 16. Do you find you use technology more or less since participating in the Cyber-Seniors program? Please explain. (For example, I use my iPhone every day to contact my daughter through text/Skype).

* 17. How much do you agree with the statements below? I feel competent doing the following online:

	Strongly Disagree	Disagree	Agree	Strongly Agree
Searching and finding information about goods & services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading or downloading files	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining information from public authorities or public services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sending/receiving emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using video calls such as Skype or FaceTime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in social networks like Facebook or Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posting messages on social networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing talents/interests on social networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing my interests/ideas with those I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using copy/paste tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 18. What technological devices do you currently own? Select all that apply.

- Desktop computer
- Laptop computer
- Tablet (e.g.: iPad, Kindle)
- Smartphone
- None of these

* 19. What technological device do you use most often?

- Desktop computer
- Laptop computer
- Tablet (eg: iPad, kindle)
- Smartphone
- None of these

* 20. How frequently did you use the following technological devices prior to the Cyber-Seniors program?

	Daily	Weekly	Monthly +	Never
Desktop computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laptop computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tablet (eg: iPad, kindle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 21. How frequently do you use the following technological devices now?

	Daily	Weekly	Monthly +	Never
Desktop computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laptop computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tablet (eg: iPad, kindle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 22. Do you have Internet service at home?

- Yes
- No

* 23. For what purposes did you use technological devices prior to the Cyber-Seniors program? Select all that apply.

- Email
- Social Media (Facebook, Twitter, Pinterest)
- Watch Videos (YouTube)
- Video Conferencing (Skype, FaceTime, Google Hangout)
- Search the Internet for Information (eg: health, news)
- Online Banking or Paying Bills
- Shopping
- I do not use technological devices

* 24. For what purposes do you use technological devices now? Select all that apply.

- Email
- Social Media (Facebook, Twitter, Pinterest)
- Watch Videos (YouTube)
- Video Conferencing (Skype, FaceTime, Google Hangout)
- Search the Internet for Information (eg: health, news)
- Online Banking or Paying Bills
- Shopping
- I do not use technological devices



Cyber-Seniors Program Senior Survey

Community Engagement

You may be wondering why we are asking about your feelings of isolation and your opinion about the younger generation.

Technology is the primary tool used to connect with friends and relatives. We hope to see a difference in this measure showing that use of technology is helping older adults feel connected to their community and current relationships.

* 25. Have there been times that you felt you lacked companionship?

	Yes, all the time	Yes, sometimes	No, not usually	No, never
Before Cyber-Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Cyber-Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 26. Have there been times that you felt left out?

	Yes, all the time	Yes, sometimes	No, not usually	No, never
Before Cyber-Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Cyber-Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 27. Have there been times that you felt isolated from others?

	Yes, all the time	Yes, sometimes	No, not usually	No, never
Before Cyber-Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Cyber-Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 28. Has your opinion of the younger generation changed since being involved in Cyber-Seniors? If so, how?

* 29. What would you like to see included or improved upon in future Cyber-Seniors programs?

* 30. How likely are you to recommend Cyber-Seniors to your friends/family?

1 - Very unlikely	2	3	4	5	6	7	8	9	10 - Very likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>