We can use the following structure that researcher used for the (Smarr et al., 2014):

* icebreaker questions
* a quick demonstration of Nao robot
* questions about the older adults' opinions of the Nao
* a brainstorm of tasks a robot may perform in the home. Previous studies indicate that older adults have difficulties brainstorming tasks so a list of 25 action words was given to participants to facilitate the discussion (Online Resource 2).3
* a brainstorm of pros/cons to a robot performing three specific tasks (i.e., medication management, finding and fetching items, and chores). These tasks were counterbalanced to mitigate potential order effects.

**Previous experience with technology:**

* “In the past year, how often have you used technology? ) [0—not used; 1 = used once, 2 = used occasionally, and 3 = used frequently; (e) 1 = not at all confident and 10 = completely confident] (Stuck & Rogers, 2018)”

**Scenarios**

“We asked participants to imagine they needed assistance in everyday life and to indicate preferences for human versus robot assistance with 58 home-based tasks, assuming the robot could perform those tasks to the level of a human.”

*Imagine you have a new formal caregiver who is going to assist you with (Stuck & Rogers, 2018)”:*

* Goal setting: this will include the robot helping you set your own goals while talking about barriers and facilitators
* Entertainment: this will include the robot helping you enjoy further your time by doing some fun activities, dancing, playing your favorite music, shows and talking about your memories, which depends on what you prefer to share with the robot
* Daily interaction: this will include the robot helping you enjoy your time further with a smart talk based on what you prefer. The more you teach the robot about your memories and interests the more enjoyable conversation you will have with the robot
* *Bathing*: this will include them helping you remove your clothes and physically helping you bathe *(Stuck & Rogers, 2018)*
* *Medication* *assistance:* This means they would help remind you to take medications at the appropriate time and perhaps bring the medication bottle to you *(Stuck & Rogers, 2018)*
* *Transferring:* This will include the caregiver helping you sit up, lifting you, and moving you to the wheelchair *(Stuck & Rogers, 2018)*
* *Household tasks:* these tasks will include helping plan and prepare meals and doing some light housework such as laundry, doing the dishes, or making the bed *(Stuck & Rogers, 2018)*

Online Resource (Smarr et al., 2014): The 25 action words given to older adults during the group interview to facilitate discussion of what tasks they would want robot assistance with in their homes.

* Carry
* Entertain
* Find Interact/Converse
* Monitoring (home, health)
* Notify/Alert/Warn
* Open
* Organize
* Pick up/Lift
* Place
* Play
* Prepare
* Push/Pull
* Reach
* Remind
* Repair
* Show/Demonstrate
* Teach/Inform

Preferably, Nao will be able to show some of the following functions (Smarr et al., 2014):

Personal care: e.g., assisting with daily needs: comb hair, brush teeth, get dressed, eating, walking, and drinking. Bathing…

Leisure activities: e.g., entertainment, social activities, games, hobbies, call family/friends, learn new skills, get information on hobbies, learn to use new technology

Health: e.g., medication management, exercise, calling doctor/911, remind to take medicine

Chores: e.g., housework, yardwork, cooking, set table, laundry water plant, clean kitchen, control pests, sweep/mop floors, clean windows, make beds, change sheets, take out trash, garden/prune, sort mail

Information management: e.g., reminders (e.g., appointments; daily activities), monitoring (home/warns of danger), home, finding information such as weather/news

Manipulating objects: e.g., reaching or fetching objects, open/close drawers, finding items

**Preferences**

|  |  |
| --- | --- |
| Material/Texture | Is there a preference for the material or texture or temperature of the robot that would influence trust |
| General appearance | Is there any preference for the appearance of the care provider that would influence trust |
| Companionable | Is the care provider friendly and sociable and likes people |
| Congruence of care provider values | Do they have the same set of values as the older adult |
| Benevolence/kind | Are they a caring person/are they doing the task because they care about the older adult |
| Manner of dress | Is the care provider dressed in a way suitable to the older adult; what they are actually wearing |

Derived from (Smarr et al., 2014)