

Senior software accessibility focus group

Demographic questions

Please note that **NONE** of the questions are compulsory. Please don't answer any question you are not comfortable with.

1. General information about you	
Please fill in your answers on the right	
Age	
Gender	
Cultural / ethnic background	
Current / former occupation	

2. Do you use aids?	
Please tick all that apply	
Reading glasses	<input type="checkbox"/>
Hearing aids	<input type="checkbox"/>
For other aids, please specify	

3. What type of mobile computing devices do you use?	
Please tick all that apply	
iPhone	<input type="checkbox"/>
Android smartphone	<input type="checkbox"/>
Tablet (iPad or similar)	<input type="checkbox"/>
Do not use a smart mobile/tablet devices	<input type="checkbox"/>
Other, please specify	

4. What do you use mobile applications for?

Please tick all that apply

Online banking	<input type="checkbox"/>
Online shopping	<input type="checkbox"/>
Post / read social media (Facebook, Instagram, etc)	<input type="checkbox"/>
Plan routes & navigation (plan public transport trips or road trips, navigation when driving etc.)	<input type="checkbox"/>
Watch videos/movies	<input type="checkbox"/>
Read e-books	<input type="checkbox"/>
Listen to audiobooks	<input type="checkbox"/>
Other, please specify	

5. How much time per week do you spend using mobile applications?

Please tick the one that applies

Less than 1 hour	<input type="checkbox"/>
2-3 hours	<input type="checkbox"/>
4-9 hours	<input type="checkbox"/>
10-20 hours	<input type="checkbox"/>
More than 20 hours	<input type="checkbox"/>

6. Rate your level of confidence in your own mobile application usage skills

Please tick the one that applies

☐ Very high

☐ High

☐ Average

☐ Low

☐ Very Low