Survey of a ubiquitous smart homes application with health care for the elderly

This survey is designed for the domain: Developing a ubiquitous smart homes with health care for the elderly. Today, population growth, especially the increase in ageing, has brought a great burden to medical care, and the elderly may not receive adequate medical assistance. Therefore, the public must pay attention to the welfare, medical and social needs of the elderly.

According to current status quo, developing this ubiquitous Healthcare with user-friendly interface of functional hardware and software aims to increase the elderly's independence, life quality, medical care quality, and self-efficiency.

1.   What's your age?

     Mark only one oval.

     ◯ under 18

     ◯ 18-40

     ◯ 41-50

     ◯ 51-60

     ◯ 61-70

     ◯ over 70

2.   What's your gender?

     Mark only one oval.

     ◯ Female

     ◯ Male

     Skip to question 3

Section   The following questions are designed for people over 50 years old. If you are under 50,
1:         please consider these questions for the requirements of the elderly in your family.

3. How often do you have a physical examination?

Mark only one oval.

⚪ once every 6 months

⚪ once a year

⚪ once in two years

⚪ almost never

4. What are currently inconveniences in your life?

Check all that apply.

☐ Inconvenient medical treatment and no regular physical examination

☐ Forgetfulness, always forgetting what to do

☐ Eating is inconvenient, and there is no one to take care of

☐ Feel lonely, no one to accompany

☐ None

Other: ☐ _____

5. What do you do when you are sick?

Mark only one oval.

⚪ Go to the hospital or GP to check carefully, and perform treatments according to the clinician's instructions

⚪ Go to the hospital or GP for serious illnesses, self-medicate for minor illnesses

⚪ Take your own medicine without the clinician's instruction

⚪ Do not take medicine and rely on self-healing

⚪ Other: _____

6. Approximately how much you spend on medical care each month (including daily medication)?

    Mark only one oval.

    ◯ below AUD100

    ◯ AUD101-AUD200

    ◯ AUD201-AUD300

    ◯ AUD300-AUD400

    ◯ over AUD400

7. Do you want a smart device that can help you understand your physical condition and is easy to operate?

    Mark only one oval.

    ◯ Yes

    ◯ No

    ◯ Maybe

8. What type of above smart devices are more acceptable to you?

    Mark only one oval.

    ◯ Wearable devices (i.e. watch)

    ◯ Devices like furniture (i.e. chair)

    ◯ Other: _____

9. Would you provide your reasons why you prefer the previous smart devices?

    _____

    _____

    _____

    _____

    _____

10.   What kind of program would you like for this smart devices?

Mark only one oval.

( ) Website

( ) App

11.   Do you agree that the program should be easy to use and remember?

Mark only one oval.

( ) Strongly agree

( ) Agree

( ) Neutral

( ) Disagree

( ) Strongly disagree

12.   Do you agree that the content size of program should be large?

Mark only one oval.

( ) Strongly agree

( ) Agree

( ) Neutral

( ) Disagree

( ) Strongly disagree

13. What functionalities would you expect from this program?

Check all that apply.

☐ Regularly daily health track (i.e heart rate)
☐ Regularly eating track
☐ Regularly sleeping track
☐ Consult with clinicians at any time
☐ Contact with families at any time
☐ Control smart home devices
☐ Detect symptoms of illnesses
☐ Send notifications to yourself
☐ Send daily health report to clinicians
☐ Send emergency messages to your families and clinicians
☐ Voice control
Other: ☐ _____

14. Which functions would you want most? (select one)

Mark only one oval.

◯ Regularly daily health track (i.e heart rate)
◯ Regularly eating track
◯ Regularly sleeping track
◯ Consult with clinicians at any time
◯ Contact with families at any time
◯ Control smart home devices
◯ Detect symptoms of illnesses
◯ Send notifications to yourself
◯ Send daily health report to clinicians
◯ Send emergency messages to your families and clinicians
◯ Voice control
◯ Other: _____

15. Would you have any suggestions for this program?

_____

_____

_____

_____

_____

Thanks for your participation !