

# COS20001 - Group 2 - Freedom Tracker

## Demographic Questionnaire

COS20001 User Centred Design Student Project

**Project Title:** Freedom Tracker

**Principal Investigator(s):**

Nguyen Quang Huy,  
Ta Quang Tung,  
Do Quang Minh,  
Doan Trung Nghia,  
Pham Quang Minh

**Group:** 2

The purpose of this questionnaire is to determine if you belong to our primary user group. It should take about 5 minutes to complete. If your answers indicate that you are not part of our primary user group, please feel free to exit the study. We greatly appreciate your time and effort.

---

\* Indicates required question

1. Participant ID (we will tell you what to put for this question) \*

---

2. What is your age group? \*

*Mark only one oval.*

- ☐ < 25  
☐ 25-34  
☐ 35-44  
☐ 45-54  
☐ 55-64  
☐ > 64

3. What is your gender? \*

*Mark only one oval.*

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other: \_\_\_\_\_

4. What is your relationship with the person with dementia? \*

*Mark only one oval.*

- ☐ Spouse/Partner
- ☐ Child
- ☐ Relative
- ☐ Friend
- ☐ Neighbor
- ☐ Other (Thank you for your time. You have now finished this questionnaire.)

5. Are you directly providing care for the person with dementia? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No (Thank you for your time. You have now finished this questionnaire.)

6. Which stage of dementia does the person you are caring for have? \*

*Mark only one oval.*

- ☐ Early stage
- ☐ Middle stage
- ☐ Late stage (Thank you for your time. You have now finished this questionnaire.)

7. Is it possible for you to be constantly present around the person with dementia to provide care? \*

*Mark only one oval.*

☐ Yes (Thank you for your time. You have now finished this questionnaire.)

☐ No

8. Do you live far away from the person you are caring for? \*

*Mark only one oval.*

☐ Yes

☐ No

9. Do you own a smart phone with an Internet connection? \*

*Mark only one oval.*

☐ Yes

☐ No

10. How comfortable are you with technology? \*

*Mark only one oval.*

1   2   3   4   5

---

Not ☐ ☐ ☐ ☐ ☐ Very comfortable

---

11. Have you used any of the following dementia care technologies? (Select all that apply)

*Tick all that apply.*

- ☐ Location tracker (GPS, etc.)
- ☐ Smart home devices
- ☐ Medication reminders
- ☐ Voice-activated assistants
- ☐ Other: \_\_\_\_\_

12. How comfortable are you with the above technologies?

*Mark only one oval.*

	1	2	3	4	5	
Not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very comfortable

---

This content is neither created nor endorsed by Google.

Google Forms

