**Computer Literacy Survey**

We are interested in determining your knowledge of, ability to use and confidence using computers and related technology.

The following questions are related to how you use computers and your perceptions regarding the use of technology for your swallowing therapy. Please answer the questions as accurately as possible. The questionnaire will take approximately 5 minutes of your time to complete and your responses and identity remain confidential.

Thank you for your participation.

1. Do you currently use a computer? YES NO

If **YES,**

Please tick as many as needed and then tick how often you used the computer for this task.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work**  | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Writing letters** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Household budget/filing** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Photograph management** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Home movie creation** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **PowerPoint creation** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Banking** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Email** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Social media (facebook, twitter)** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Skype** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **General interest/ web surfing** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Shopping (groceries, clothes, eBooks, music)**  | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Entertainment (TV, movies, bookings)** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Health-related services (completing exercise program, monitoring diet)** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | * Daily
 | * Weekly
 | * Fortnightly
 | * Monthly
 | * Rarely
 | * Never
 |

1. What type of computer do you usually use?

🞎Desktop

🞎Laptop

🞎Tablet (e.g. iPad)

🞎Smartphone (e.g., iPhone, windows phone)

🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you need help to use the computer? YES NO

If **YES,**

* 1. What type of help do you need?
	+ Setting up
	+ Getting into programs
	+ Using the program
	+ Turning off the computer
	+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. What are the barriers to you using a computer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What would help you to use a computer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Have you ever used a computer for health-related activities? YES NO

If **YES,**

* 1. Where?
		+ Home
		+ During therapy session with therapist or assistant
		+ Extra independent therapy session at rehab facility.
		+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What are the names of programs? Please list
	3. Do you like using the computer for health-related activities? YES NO

Why/Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you haven’t used a computer for health-related activities, would you like to?

YES NO

Why/Why not?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate your confidence using a computer or related technology for general purposes (such as those listed in Question 1)

**Not at all**

**confident**

**Very confident**

**Unsure**

**Somewhat**

**not confident**

**Somewhat**

**confident**

1. Please rate your confidence using a computer or related technology for health-related activities

**Not at all**

**confident**

**Very confident**

**Unsure**

**Somewhat**

**not confident**

**Somewhat**

**confident**

1. What do you **like** about using a computer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What do you **dislike** about using a computer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Any other comments regarding your computer literacy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for completing this survey***