

Appendix 6 – User Questionnaire

Service User Demographic Information

As you will see from the information leaflet provided, the CogWatch project is aiming to develop technology that will support people with certain difficulties to carry out everyday tasks in their own home with greater independence following stroke. Everyday living tasks can be defined as *‘activities that people carry out on a day to day basis, e.g. getting washed and dressed, and preparing food’*

The purpose of this information gathering session is to better understand the difficulties that people face following stroke and to ask your opinions and experiences on assistive technology, *including your opinions on the development of the CogWatch prototype to date. Assistive technology can be defined as ‘Technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible’*

We would like to gather some basic background information about you. Any information you choose to share will remain anonymous. If you require any assistance to complete this form please let us know.

1. What is your date of birth (day/month/year)?

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2. What is your gender?

Male

☐

Female

☐

3. What is your ethnic group? – please circle from the list below

White

- A British
- B Irish
- C Any other White background

Mixed

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

Black or Black British

- M Caribbean
- N African
- P Any other Black background

Other Ethnic Groups

- R Chinese
- S Any other ethnic group
- Z Not stated

4. When did you have a stroke (month/year)?

(If you have had more than one stroke please tell us the month and year of the most recent stroke)

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5. Is this the first time you have seen the CogWatch system

Yes ☐ no ☐

If no please tick all that apply:-

A. During a focus group

B. I have been part of the clinical trials at Birmingham University

6. What were your living arrangements before you had a stroke?

- a. Living alone ☐
- b. Living with family ☐
- c. Living in sheltered accommodation, e.g. warden controlled premises ☐
- d. Living in a residential service ☐
- e. Other (please specify) _____ ☐

7. What were your support needs before you had a stroke.

For the purpose of question 5 and 7 support is defined as *'needing and receiving some level of help with everyday living tasks within the home, e.g. getting washed and dressed, preparing food'*

- a. No support needs, I was independent in all everyday living tasks ☐
- b. I received support from an unpaid carer or family member ☐
- c. I received less than 2 hours support per day from a paid carer ☐
- d. I received between 2 and 4 hours support per day from a paid carer ☐
- e. I received more than 4 hours support per day from a paid carer ☐
- f. Staff were available to help me 24 hours per day ☐
- g. I used some sort of assistive technology to help with everyday living tasks (please refer back to definition above if needed) ☐

8. What are your living arrangements since you had a stroke?

- a. Living alone ☐

- b. Living with family ☐
- c. Living in sheltered accommodation, e.g. warden controlled premises ☐
- d. Living in a residential service ☐
- e. Other (please specify) _____ ☐

9. What are your support needs since you had a stroke.

- a. No support needs, I am independent in all everyday living tasks ☐
- b. I receive support from an unpaid carer or family member ☐
- c. I receive less than 2 hours support per day from a paid carer ☐
- d. I receive between 2 and 4 hours support per day from a paid carer ☐
- e. I receive more than 4 hours support per day from a paid carer ☐
- f. Staff are available to help me 24 hours per day ☐
- g. I use some sort of assistive technology to help with everyday living tasks (please refer back to definition above if needed) ☐

10. For the following tasks please rate your current level of independence.

Making a hot drink

- I do this without help ☐
- I need someone to give me verbal instructions, e.g. tell me the order to do things ☐
- I need physical help to do this task, e.g. lifting kettle ☐
- I need verbal and physical help with this task ☐
- Somebody does this for me ☐

Making breakfast

- I do this without help ☐
- I need someone to give me verbal instructions, e.g. tell me the order to do things ☐
- I need physical help to do this task, e.g. pouring cereal ☐
- I need verbal and physical help with this task ☐
- Somebody does this for me ☐

Cleaning my teeth

- I do this without help ☐
- I need someone to give me verbal instructions, e.g. tell me the order to do things ☐
- I need physical help to do this task, e.g. toothpaste on brush ☐
- I need verbal and physical help with this task ☐

Somebody does this for me

Getting dressed

I do this without help

I need someone to give me verbal instructions,
e.g. tell me the order to do things

I need physical help to do this task, e.g. putting socks on

I need verbal and physical help with this task

Somebody does this for me

11. Are there any other day to day tasks within the home that you find difficult since having a stroke? Please list:

Please add any further comments you wish to make

Thank you very much for your participation.