

Alexa Pilot Program for Isolated Seniors Questionnaire

Thank you for your interest in RiverMills Center's Alexa Pilot Program for Isolated Seniors. Please answer all the questions below and return to the mailing address listed or you can drop it off at RiverMills Center Monday-Friday between 8:00 a.m. and 3:30 p.m. This questionnaire will allow us to determine if you qualify for this program and what would be the best way to get started if you qualify. Please keep in mind if you are accepted into the program that this is a pilot program and we are learning how to make it more accessible for qualified individuals as we go on. If accepted, you will be one of the first participants in the program. If you have any questions regarding this form please contact Jona Ruiz by calling 534-3698 ext.104.

Please return the completed form to:

RiverMills Center
5 West Main Street
Chicopee, MA 01020-1864

Questionnaire

First & Last Name: _____ Date: _____

Address: _____

1. Are you familiar with Amazon Alexa Echo?
 Yes No Somewhat
2. Do you know how to use an Amazon Alexa Echo device?
 Yes No Somewhat
3. Do you have an Amazon account?
 Yes No
4. Do you have access to Wi-Fi where you live?
 Yes No
5. Do you have a smartphone/computer/tablet?
 Yes No

If you answered *yes*, please check the correct answer to each question:

- a. My device is a: smartphone tablet computer
- b. My type of device is made by: Apple Android Windows 10 Google
 Not sure Other: _____

If your answer was *no* to question 5 please select one of the option below:

- I know someone with a smart device that can help me set up.
 I know someone with a smart device but I will still need help setting up.
 I am interested in applying to the RiverMills Tablet Lending Program to set up Alexa.

6. Using this scale 1-4. 1- meaning not comfortable at all. 4- meaning very comfortable.
Please answer the following question.
7. How comfortable are you using technology?
__1 __2 __3 __4
8. Do you live alone?
__Yes __No
9. Do you have low vision/hard of hearing issues?
__Yes __No

Use the following scale to answer the next group of questions.

Always = all of the time, every day of the week

Sometimes = most days of the week, but not every single day

Rarely = maybe once a month or so

Never = not at all

1. How often do you feel isolated?
__Always __Sometimes __Rarely __Never
2. How often do you feel depressed*?
__Always __Sometimes __Rarely __Never

*depressed is defined as feelings of sadness, lasting for at least 2 weeks, can include difficulty getting out of bed, getting dressed or lack of interest in usual activities.

3. How often do you find yourself constantly worrying?
__Always __Sometimes __Rarely __Never
4. How often do you socialize with people?
__Always __Sometimes __Rarely __Never
5. How often do you find yourself wishing you could socialize with people more?
__Always __Sometimes __Rarely __Never
6. How helpful do you think having an Alexa device in your home would be?
__Very helpful __Helpful __Not helpful __Unsure

