

Form F1: COVID-19 Technology Accessibility Survey

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / _____
 Examiner's initials: _____

Instructions: This form is to be filled out by either the participant (if CDR® Dementia Staging Instrument score=0 or 0.5) or by the co-participant/caregiver on behalf of the research participant (if CDR® > 0.5). Alternatively, it may be administered by study personnel. Participants may decline to answer questions. If Centers want to obtain additional information, they may do so locally, but it will not be collected by NACC.

The following technology use survey is an optional form we would like you to fill out. We are asking these questions because COVID-19 has presented new challenges in continuing your visits with us. It has led to ideas on what to do now and maybe even in the future. As a research participant, you may decline to answer any of these questions, and it is all right to do so, but please answer as many of the questions as you feel comfortable with.

<p>1. How would you prefer to conduct a study visit with us? (SELECT YOUR TOP CHOICE)</p>	<p>1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone call 3 <input type="checkbox"/> Video call 4 <input type="checkbox"/> No preference 8 <input type="checkbox"/> Decline to answer</p>
<p>2. How do you currently access the internet? (CHECK ALL THAT APPLY)</p>	<p>2a <input type="checkbox"/> Smartphone 2b <input type="checkbox"/> Tablet / iPad 2c <input type="checkbox"/> Laptop 2d <input type="checkbox"/> Desktop computer 2e <input type="checkbox"/> Other (SPECIFY): 2e1 _____</p>
<p>3. Do you use email to receive and send documents?</p>	<p>0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Decline to answer</p>
<p>4. Are you interested in using any of the following to do some parts of your study visit at home? (CHECK ALL THAT APPLY)</p>	<p>4a <input type="checkbox"/> Smartphone 4b <input type="checkbox"/> Tablet / iPad 4c <input type="checkbox"/> Laptop 4d <input type="checkbox"/> Desktop computer 4e <input type="checkbox"/> Wearable devices (e.g., FitBit, Applewatch) 4f <input type="checkbox"/> Smart home devices (e.g., Xbox, Nest) 4g <input type="checkbox"/> Other (SPECIFY): 4g1 _____</p>