

# Understanding Internet Connection Needs in Our Communities

The Alameda County Council for Age-Friendly Communities\* is conducting a brief survey of older adults in our County to determine gaps in access to the internet and electronic devices, and the need for education and support to use those devices. Your responses to this survey are confidential and will help us find that information.

**Please return completed surveys to a specified drop box if available, or send to: email: [Internet.Survey@acgov.org](mailto:Internet.Survey@acgov.org) or mail to: Internet Survey, c/o Chronic Disease Program, Alameda County Public Health Department, 7200 Bancroft Ave., Suite 202, Oakland, CA 94605**

## 1. Please provide your Zip Code:

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## 2. Are you able to access the internet at least once per week?

Yes ☐ No ☐ I Don't Know ☐

## 3. If yes, where do you currently access the internet or go online? (Check all that apply)

Home WiFi (wireless) ☐ Home cable internet access (wired) ☐ Senior Center ☐ Public Library ☐

At Work ☐ Other: Please specify \_\_\_\_\_

## 4. On which electronic devices do you access the internet and where? (Check all that apply)

a. Desktop Computer ☐ If so, where do you use that device to access the internet? At home ☐ Elsewhere ☐

b. Tablet/iPad ☐ If so, where do you use that device to access the internet? At home ☐ Elsewhere ☐

c. Laptop Computer ☐ If so, where do you use that device to access the internet? At home ☐ Elsewhere ☐

d. Smartphone (iPhone, Android, other) ☐ If so, where do you use that device to access the internet? At home ☐ Elsewhere ☐

e. Do you use any other devices? If yes, please specify: \_\_\_\_\_

## 5. Please indicate below whether or not you are comfortable with the following tasks.

**YES NO**

a. Doing an internet or Google search.

<input type="checkbox"/>	<input type="checkbox"/>
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b. Using an email account to connect to people and/or online services (send messages, photos, etc.)

<input type="checkbox"/>	<input type="checkbox"/>
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c. Using video applications such as Zoom, FaceTime, WhatsApp, YouTube, or other options.

<input type="checkbox"/>	<input type="checkbox"/>
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d. Accessing benefits such as CalFresh, housing, insurance, or other community resources.

<input type="checkbox"/>	<input type="checkbox"/>
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e. Shopping online for medication, clothes, groceries, etc.

<input type="checkbox"/>	<input type="checkbox"/>
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f. Banking online such as paying bills, checking account balances and credit card statements, etc.

<input type="checkbox"/>	<input type="checkbox"/>
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g. Using voice-activated features such as on Alexa or Google Home, or on a smartphone.

<input type="checkbox"/>	<input type="checkbox"/>
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h. Having a telehealth meeting with a doctor or other health care provider

<input type="checkbox"/>	<input type="checkbox"/>
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i. Using social media such as Facebook, Instagram, Twitter, etc.

<input type="checkbox"/>	<input type="checkbox"/>
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**continued on reverse**

**6. Please specify any other tasks you do with your computer, tablet and/or smartphone:** \_\_\_\_\_

**7. Is there anyone else in your home who can assist you in doing any of these tasks?**

Yes ☐ No ☐ I Don't Know ☐

If yes, please specify \_\_\_\_\_

**8. Do you have any special needs that would affect the type of device you could use such as larger font, larger keyboards or screens, voice-activated software, etc.?**

Yes ☐ No ☐ I Don't Know ☐

If yes, please specify \_\_\_\_\_

**9. What are your preferred learning methods? (check all that apply)**

One-on-one with a trained coach by phone and/or online ☐ A group telephone call ☐

In-person, with COVID-19 precautions ☐ Online group class ☐

**10. What is your age group?**

Under age 50 ☐ 50 to 64 ☐ 65 to 74 ☐ 75 to 84 ☐ 85+ ☐

**11. What is your gender?**

How do you self identify? \_\_\_\_\_

Prefer not to state ☐

**12. What is your sexual orientation? (check all that apply)**

Straight or heterosexual ☐ Bisexual ☐ Gay, Lesbian or homosexual ☐ Questioning/Unsure ☐

Prefer to Self-Describe: \_\_\_\_\_ Prefer not to state ☐

**13. What is your race or ethnicity? (check all that apply)**

Black or African American ☐ American Indian or Alaska Native ☐ Latino, Latina or Latinx ☐ Asian ☐

Native Hawaiian or Other Pacific Islander ☐ Middle Eastern or North African ☐ White or Caucasian ☐

Other Race or Ethnicity \_\_\_\_\_ Prefer not to state ☐

**14. What is your household's monthly income?**

☐ \$0 - \$2,000

☐ \$2,001 - \$4,000

☐ \$4,001 - \$8,000

☐ \$8,001 - \$10,000

☐ More than \$10,001

☐ Prefer not to state

**15. What is your preferred language:** \_\_\_\_\_ Prefer not to state ☐

**16. How many people are in your household, including yourself?** \_\_\_\_\_ Prefer not to state ☐

**17. Do you have any comments for us?** \_\_\_\_\_

**(Optional). Please provide your name and email address or phone number if you would like us to be able to contact you in the future about digital resources, if available.**

**Name:** \_\_\_\_\_

**Email address and/or phone number:** \_\_\_\_\_