Senior Citizens Survey Form – A
This is a brief opinion survey of people above 55 years of age and older pertaining to health care and essential needs. This survey can be taken by people who are from this age category.

Age:______ Gender: Male/Female(please tick)  Marital Status: ________________
No. of members in your household: ______________
Do you have health insurance? Yes/No
Are you able to keep track of family/friends events of the past and present? Yes/No
Do you travel often? Yes/No
Do you need assistance to travel? Yes/No
Are you able to carry your medical records when you travel? Yes/No
Do you have access to your own medical records? Yes/No

Please tick the appropriate option in the following questions:

Your opinion about the hospitals in your area and their ability to treat health problems for your age category
- Excellent
- Good
- Fair
- Poor
- Not Sure

Your current health status
- You are in good physical health
- You have a mild illness and are under treatment
- You are moderately ill, you have one or more illness that need substantial treatment/
- You are severely ill, you require extensive treatment.
- You are totally ill, confined to bed and need medical and physical assistance and care.

If you are under medication
- You take the right dose at the right time by your self
- You need assistance about the dose and the time to be taken
- You need complete assistance to take medicines
- Others

You can do your house hold work
- By yourself
- You need some assistance
- You need complete assistance
- Others
You can prepare your own meals
- By yourself
- You need some assistance
- You need complete assistance
- You need a special Meal

You are able to go for grocery shopping/Bank/Payment of bills
- By yourself
- You need some assistance
- You need complete assistance

You are able to manage your finance
- By yourself
- You need some assistance
- You need complete assistance

You are able to manage your taxes
- By yourself
- You need some assistance
- You need complete assistance

Name: ___________________________  Signature: _________________________

Thank You for your time
Survey Form about Proposed Services Form - B

Q No

1 Health Services
Do you suffer from any of the following health problems? Please tick if applicable.

- Diabetes
- High BP
- Low BP
- Heart Problem
- Osteoporosis
- Arthritis

2 Health Care Assistance
Would be comfortable to use the options provided in Online Health care Assistance? Please tick the options you think that is required and cross the option that you think may not be required.

- Medical Dictionary
- Hospital Directory
- Doctors Directory Online
- Doctors Directory in Hospitals
- Schedule Appointments
- Appointment Reminders
- Medicine Reminders

3 Home Health Care Services
Type of home health care services needed? Please tick which you think is useful and cross which you think may not be required.

- Urgent care Doctor Visit
- Routine Care Doctor Visit
- Pathologist Visit
- Nurse Visit
- Attendant Visit
- Pick up and drop off to health care center

4 Health Care Monitors
Are you in favour of the option to enter your vital parameters like Blood pressure, weight, blood sugar, sleep pattern online in a log and self-Monitor the trend on your own? Yes/No

5 Health Record Manager
- Would you be comfortable to upload your medical tests reports like pathology/ECG/sonography online so that you can get access to these records anywhere
and anytime using internet Yes/No

- Are you in favour of allowing the doctors to upload your medical record online so that you can view it anywhere/anytime you need, Yes/No

6 Online Counseling/Advice
- Are you in favour of Online Consultation with doctors from the comfort of your home just using internet and web cam sometimes? Yes/No
- Any other type of medical assistance needed/recommended?

7 Essential Services
- Assistance Care Services Needed [Please tick]
- Assist to Pay Bills
- Assist for Banking services
- Assist for filing and submission of Tax Documents
- Assistance for city travel
- Assistance for State travel
- Assistance for National travel
- Assistance for Overseas travel
- Domestic Help Services Needed [Please tick]
- Cooking
- Tiffin Service for special diet
- Cleaning
- Special Needs

8 Information/Consultation Services needed [Please tick]
- Religious Events
- Directory Assistance
- Emergency Service
- Police
- Ambulance
- Fire
- Any other Please specify
- Other Services Needed Please tick
- Legal Consultation
- Tax Consultation
- Financial Investment Consultation
- Any other type of service Please specify
Wealth Portfolio Management

- Are you in favor of wealth portfolio details being maintained so that you will be easily able to understand where you have invested your money and monitor timely renewal/payment/deposits by proper maintenance of records and reminders yes/No

9
- Type of Service Offered by you
  - Volunteering
  - Any other type of service

Name: ________________________________  Signature: _________________________

Thank You for your time
Survey on Proposed Senior Citizens Wellness Management System Form – C

No  Question                                             Option
1.  Are you familiar with internet?                      Yes/No
2.  Are you comfortable using the Mobile?               Yes/No
3.  If you were given an option to avail services you prefer to use
    1.  Services available through the internet          1
    2.  Services available through the Mobile            2
    3.  Both                                             3
4.  Which part of the system interests you the most:
    1.  Health Care                                      1
    2.  Essential Services                               2
    3.  Information Assistant                            3
    4.  All of the above                                 4

Health Care
5.  You will be given training for using the system on the internet/mobile are you comfortable with this idea? Yes/No
6.  The system will store your health records and you can access them from anywhere, anytime. Do you welcome this idea? Yes/No
7.  Facility to search online for hospitals/specialists/doctors based on your location – do you think this will be a useful feature? Yes/No
8.  Online help with video tutorial of medical devices – do you think this will be a useful feature? Yes/No
9.  Online medical dictionary – do you think this will be a useful feature? Yes/No
10. Online tracking of vital parameters and prognosis of diseases – do you think this will be a useful feature? Yes/No
11. Appointment reminders/Medicine reminders – do you think this will be a useful feature? Yes/No
12. Online consultation with doctors – do you think this will be a useful feature? Yes/No
13. Does the idea of complete cashless health care interest you? Yes/No
14. Access to home health care services like Doctor/Nurses/Pathologists is necessary? Yes/No
15. Tips for health, diet and regular exercise for your overall wellbeing will help you? Yes/No
16. Getting an ambulance or pick-up and drop-off to health care centers should be support from the system? Yes/No

Essential Services
17. You will prefer to hire Home care services like maid/attendants/drivers/cook from
    1.  Authentic Source                                  1
    2.  On your own                                       2
18. Assistance for bill payment/Banking services in day-to-day life is necessary? Yes/No
19. Tiffin service for normal daily meals/ special occasions – do you think this is a useful feature? Yes/No
20. Will it benefit you to get access to authentic legal/financial/tax consultants through the system? Yes/No
21. Do you support the idea of travel assistance within the country/abroad will benefit senior citizens? Yes/No
22. Would you like to get information about religious/social events in your locality through this system? Yes/No
23. Would you like to get access to employment/volunteering opportunities? Yes/No
24. Are you open to the idea of social networking with your peers through the system? Yes/No
25. If you upload your wealth/property information onto the system it will be stored securely as a portfolio and you will get timely reminders for maturity, payment, etc. Does the idea interest you? Yes/No
26. You can enter the entire family information/contacts/upload Photos and shape it as a family album. Does the idea interest you? Yes/No
27. Do you think all the above services are sufficient to promote the overall health and wellness of senior citizens? Yes/No
28. This system will benefit the senior citizens community all over India? Yes/No
29. Anything else that you think should be added to this system?
30. Your overall rating for this idea is 1-Excellent, 2-Good, 3-Upto to the mark, 4-Needs improvement 1/2/3/4

Thank for your time
[This survey was conducted online using Google Forms and direct using the above questionnaire on paper]