

Wireless Use and Participation - 2013-2014

Welcome! Survey of User Needs for Wireless Technologies

The purpose of this survey is to learn how young people (age 13-25) use wireless technology, and how this technology impacts their lifestyle. The survey mainly focuses on cellphones, but also includes questions about other types of devices like tablet computers such as Apple's iPad, Amazon's Kindle Fire and other similar devices.

You must be at least 13 years old to take the survey.

If you are between the ages of 13 and 25, please take this survey. Please note, if you are between age 13 and 17, the consent of one of your parents or guardians is needed before you can take the survey. To obtain the consent form, please contact:

John Morris
404-367-1348
john_morris@shepherd.org

Please try your best to complete all parts of this survey. Your answers are important to us, even if you don't use wireless technology. This survey can be completed by a family member, friend, assistant or caregiver for you if you are unable to complete it directly.

Your personal information will not be sold or used in any way other than for research related to this survey. Your personal data will be kept strictly confidential.

ABOUT US

This survey is being conducted by the Rehabilitation Engineering Research Center for Wireless Technologies (Wireless RERC), which is funded by a 5-year grant from the U.S. Department of Education's National Institute on Disability and Rehabilitation Research (grant number H133E110002). The Wireless RERC is a collaboration between Shepherd Center and the Georgia Institute of Technology. For more information about the Wireless RERC, please visit us on the internet at: www.wirelessrerc.org.

If you have questions or need help with this survey, please contact:

John Morris
404-367-1348
john_morris@shepherd.org

If you have concerns with this survey or this research, please contact:

Melanie Clark
Office of Research Integrity Assurance
Georgia Institute of Technology
404-894-6942
Melanie.Clark@gtrc.gatech.edu
www.researchintegrity.gatech.edu

*** 1. Are you between the ages of 13 and 17?**

- Yes
- No

Younger than 13?

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*2. Are you younger than 13 years old?

- Yes
- No

Difficulty thinking?

*3. Do you have difficulty thinking?

- Yes
- No

Parental or Legal Guardian Consent

For minors under age 18 and adults who have difficulty thinking, we need your parents or guardians to agree (provide consent) that the minor may participate in this Survey Research.

If your parent or guardian has already signed and returned the consent form, please proceed to the next page for a summary of your rights and protections.

To preview the questionnaire and to download the consent form for signing, please go to the following web address:

WWW.WIRELESSRERC.ORG/WIRELESS-SURVEY

Consent forms signed by a parent or guardian can be returned by fax, US Mail, or as an attachment to an email.

Participant Assent

You are being asked to participate in a study. The purpose of this study is to understand how people like you use wireless technology (things like cellphones and tablets) and how this affects your activities. The study will take approximately 20 minutes to complete.

The risks involved are no greater than those involved in daily activities. You will not benefit or be compensated for participating in this study. Study records will be kept confidential to the extent allowed by law. Your records will be kept in locked files and only study staff will be allowed to look at them. Your name and any other fact that might point to you will not appear when results of this study are presented or published.

To make sure that this research is being carried out in the proper way, the Georgia Institute of Technology IRB may review study records. The Office of Human Research Protections may also look at study records.

If you have any questions about the study, you may contact Mike Jones at telephone 404-350-7595. If you have any questions about your rights as a research participant, you may contact Ms. Melanie Clark, Georgia Institute of Technology at (404) 894-6942.

YOUR RIGHTS

- Your participation in this study is voluntary.
- You do not have to participate in this study if you don't want to.
- You have the right to change your mind and stop participating in the study at any time without giving any reason and

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without penalty.

- You will be given a copy of this consent form to keep.
- You do not waive any of your legal rights by agreeing to participate in this study.
- Completing this study means you agree to participate, which greatly valued.

Thank you for participating in this study.

Go to the NEXT PAGE to begin the questionnaire.

Part 1. About you

Instructions: Please select the answer that best describes you.

4. If someone is helping you complete this survey, what is their relationship to you? (Check all that apply)

- No one is helping me. I am completing it for myself.
- Parent
- Other family member
- Friend
- Paid caregiver
- Other (please specify)

5. Are you male or female?

- Male
- Female

6. How old are you?

7. Which of the following best describes you? (Check all that apply)

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- Native American
- White/Caucasian
- Other (please specify)

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8. If you are in school, what grade are you in?

- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Some college, no degree yet
- Associate's or technical degree
- Bachelor's degree
- Other (please specify)

9. Where is your home?

- In the city
- In the suburbs
- In the country

Part 2. About your abilities

Please select the answer that best describes your abilities.

10. Do you have any of the following difficulties? (Check all that apply)

- Difficulty concentrating, remembering or making decisions
- Frequent worry, nervousness, or anxiety
- Difficulty seeing
- Difficulty hearing
- Difficulty speaking so people can understand you
- Difficulty using your arms
- Difficulty using your hands and fingers
- Difficulty walking or climbing stairs

11. If you have difficulty seeing, what is your level of vision?

- Low vision (significant difficulty seeing, even when using glasses)
- Blind (without usable vision or completely blind)
- Not applicable

12. If you have difficulty hearing, what is your level of hearing?

- Hard of hearing (significant difficulty hearing, even when using hearing aids)
- Deaf (no usable hearing)
- Not applicable

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13. Do you use any of the following aids? (Check all that apply)

- Screen reader
- Screen magnifier
- Hearing aid
- Cochlear implant
- TTY
- Telephone relay service or video relay service (including CapTel services)
- Sign language interpreter
- Augmentative and alternative communication (AAC) device or software
- Text-to-speech technology
- Speech-to-text technology
- Wheelchair
- Crutches, cane or walker
- None of the above
- Other (please specify other aids)

Part 3. About your wireless devices

14. Do you own or use a wireless device such as a cell phone or tablet?

- No
- Yes

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15. If you DO NOT own or use a wireless device, please indicate why? (Check all that apply)

- I don't need or want one
- The devices cost too much
- The service costs too much
- The devices are too complex
- I don't know how to use one
- I don't have the hand function to use one
- I don't have the sight to use one
- I don't have the hearing to use one
- I don't have the speech to use one
- They don't work with my other aids
- Other (please specify)

About your wireless devices (continued)

NOTE: If you DO NOT own or use a wireless device, please skip to Questions 34. If you DO own or use a wireless device, please continue with the next question below.

Everyone's responses are important, so please complete the survey. Thank you!

16. If you own or use a cell phone or tablet, what kind do you use? (Check all that apply)

- I do not own or use a cell phone or tablet
- Basic phone (Examples: Motorola Razr, Pantech Breeze, Nokia 6350, Owasys)
- Smartphone (Examples: iPhone, Android phone, BlackBerry, Windows phone)
- Tablet (Examples: iPad, Kindle Fire, Galaxy Tab, Google Nexus 7, BlackBerry PlayBook)
- Other (please specify)

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17. If you own or use a SMARTPHONE, what kind do you have? (Check all that apply)

- I do not own or use a smartphone
- Android-powered smartphone (Examples: Motorola Droid, Samsung Galaxy S)
- Apple iOS smartphone (Example: Apple iPhone)
- BlackBerry smartphone (Example: BlackBerry Bold 9700)
- Windows-powered smartphone (Examples: Nokia Lumia, HTC Tilt, LG Quantum, Samsung Focus)
- Don't know
- Other (please specify)

18. If you own or use a TABLET, what kind do you have? (Check all that apply)

- I do not own or use a tablet
- Android-powered tablet (Examples: Samsung Galaxy Tab, Amazon Kindle Fire)
- Apple iOS tablet (Example: Apple iPad)
- BlackBerry tablet (Example: BlackBerry Playbook)
- Windows-powered tablet (Examples: Microsoft Surface)
- Don't know
- Other (please specify)

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19. Which of your devices is your PRIMARY WIRELESS DEVICE (the device you use or rely on the most)?

- I do not have a primary wireless device
- Basic phone (Examples: Motorola Razr, Pantech Breeze, Nokia 6350, Owasys)
- Android-powered SMARTPHONE (Examples: Motorola Droid, Samsung Galaxy S)
- Apple iOS SMARTPHONE (Example: Apple iPhone)
- BlackBerry SMARTPHONE (Example: BlackBerry Bold 9700)
- Windows-powered SMARTPHONE (Examples: Nokia Lumia, HTC Tilt, LG Quantum, Samsung Focus)
- Android-powered TABLET (Examples: Samsung Galaxy Tab, Amazon Kindle Fire)
- Apple iOS TABLET (Example: Apple iPad)
- BlackBerry TABLET (Example: BlackBerry Playbook)
- Windows-powered TABLET (Examples: Microsoft Surface)
- Other (please specify)

20. How important are your WIRELESS DEVICES to you?

- Very important
- Somewhat important
- Not very important

21. How easy or difficult is it to do the following on your wireless devices?

	Impossible	Very difficult	Difficult	Easy	Very easy
Unlock my devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting my devices to understand my hand or finger gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entering text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting my devices to understand my voice commands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Navigating menus and app icons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading text or seeing images on the screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 4. About your wireless activities

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22. Do you ever use your WIRELESS DEVICES to do any of the following? (Check all that apply)

- Voice calling
- Video calling
- Text messaging
- Email
- Web browsing
- Navigating and wayfinding (using GPS or map apps)
- Sharing photos or video online
- Social networking (Facebook, LinkedIn, Twitter)
- Watching video
- Listening to music
- Playing games
- Using voicemail
- Recording voice notes or reminders
- Keeping a calendar of appointments
- Keeping a directory of contacts
- Shopping
- Monitoring your health
- Downloading applications ("apps")
- Other (please specify)

23. How often do you use your WIRELESS DEVICES?

- Several times a day
- About once a day
- 3 to 5 days a week
- 1 or 2 days a week
- Every few weeks
- Less often
- Don't know

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24. On an average day, about how many phone calls do you make and receive on your wireless devices?

25. On an average day, about how many text messages, instant messages or emails do you send and receive on your wireless devices?

26. Do you use any social networking sites or apps on your wireless devices?

- No
 Yes

27. If you use any social networking sites or apps, which ones do you currently have a profile on?

- Facebook
 Twitter
 Linked In
 Google+
 MySpace
 Vine, Instagram, or other photo or video sharing site
 Other (please specify)

28. About how often do you use social networking sites on your wireless devices?

- Do not use social networking sites or apps
 Several times a day
 About once a day
 3-5 days a week
 1-2 days a week
 Every few weeks
 Less often

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29. On an average day, about how many times do you post something on your social network accounts?

30. About how many different contacts do you have in your online social networks?

31. About how many different apps do you use on your wireless devices on a typical day?

- My wireless device cannot download apps
- 0
- 1 or 2
- 3 to 5
- 6 to 10
- More than 10

32. Which apps do you use the most on your wireless devices?

33. Is there something that you would like an app to do that your current apps cannot do now?

Part 5. About your community activities and support

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34. How much does your wireless device helps you do any of the following?

	Don't know	Not at all helpful	Only a little helpful	Helpful	Very helpful
Go outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to places I have never visited before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go shopping in a store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Order food at a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend school or work at a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in groups and clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get together with friends near my home or from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with people in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend events in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Do you belong to or work with groups and organizations in your local community (like a social club, church, synagogue, mosque, sports league, or any other type of organization)?

- Yes
- No

36. How many groups and organizations in the city or area where you live do you belong to?

37. How many different friends, relatives (not living with you) and other people from school, work or other organizations do you visit, phone, or write to (including email, text, instant message, and social media) at least once a month?

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38. How much do the internet, social media, mobile apps and other technology help you do each of the following things?

	Don't know	Not at all helpful	Only a little helpful	Somewhat helpful	Very helpful
Find people or groups who share my interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become more involved with groups and organizations I already belong to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find people or groups who share my beliefs and values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people of different ages and generations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people from different backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people who do not have a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people who have a different disability from mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with groups and organizations that are based in my local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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39. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you when you need it?

	All the time	Most of the time	Some of the time	Only a little bit of the time	None of the time
Someone I can count on to listen when I need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to have a good time with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to give me information to help me understand a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to confide in or talk about myself or my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to get together with for relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone whose advice I really want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to share my most private worries and fears with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to turn to for suggestions about how to deal with a personal problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to do something enjoyable with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone who understands my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you!

Thank you for participating in our survey on wireless use and social participation!