



## Appendices

## Appendix 1 (Flyers used for recruitment)

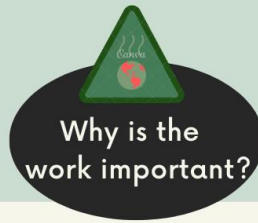


If you are a Queenslanders aged 75 or over, Griffith's ETHOS project group invite you to participate in our survey   
We need 25-30 minutes of your time to complete a paper based survey 



What are we doing?

We are trying to figure out how heat and age interact and build tools so people can stay at home longer in comfort.



Why is the work important?

We know that heat is worse for us as we get older, but not everyone has the tools to safely cope with the heat, especially with rising energy costs.



Why are we asking you?

We value your views and perspectives & don't want to make any assumptions about the usability of technology solutions to reduce the impact of heat. Your input in this regard is vital.

Why should you participate?

- You can go into a draw to win one of five \$100 retail vouchers.
- Contribute to our understanding of how increased heat is impacting older persons and designing solutions to help stay at home comfortably

Interested to participate  contact us!



(07) 5552 7903



[ethos@griffith.edu.au](mailto:ethos@griffith.edu.au)



[climate-ethos.com](http://climate-ethos.com)





# ethos

extreme heat + older persons

## User Survey



GUREF: 2022/627



If you are a Queenslanders aged 75 or over, the ETHOS research team would like to know your views and thoughts about heat and its impact on your health, and technology usage. We invite you to participate in our survey and go into the prize draw of five \$100 retail vouchers. If you are interested please contact us at:



(07) 5552 7903



[ethos@griffith.edu.au](mailto:ethos@griffith.edu.au)



[climate-ethos.com](http://climate-ethos.com)

## Appendix 2 (Survey questionnaire)

### Survey Participant Information Sheet

#### ETHOs heat-health 65+ Qld Survey

GU ref no: 2022/627

#### Research Team:

<b>Chief Investigator</b>	<b>Associate Professor Dr. Shannon Rutherford</b> <b>School of Medicine and Dentistry</b> <b>Phone: 0412 911 206</b> <b>Email: s.rutherford@griffith.edu.au</b>
<b>Internal Investigators</b>	Dr. Steven Baker, Lecturer in Social Work, School of Health Sciences and Social Work, Griffith University
	Mehak Oberai, Research Assistant, ETHOS Project, School of Medicine and Dentistry, Griffith University
	Student Researcher: Sarah Cunningham, PhD candidate, School of Medicine and Dentistry, Griffith University
<b>External Investigators</b>	Dr. Dung Phung, Senior Lecturer in Environmental Health, University of Queensland

#### Purpose of the research

ETHOS Project team is conducting a state-wide survey in Queensland to find out about the heat and health risk knowledge, heat coping strategies, and accessibility to and use of digital tools among our target population of Older Queenslanders. The survey forms the component of a student's academic program. The research team is based at Griffith University.

#### What you will be asked to do

We ask you to complete an anonymous paper-based questionnaire pertaining to your knowledge and attitude towards heat as a health problem, your behaviour in responding to heat stress and the related warnings (messaging), your attitude and comfort levels towards usage of personal and monitoring technologies accompanied with a demographic section. The views of people who don't use the Internet/digital technology are just as important as the views of those who do and are critical to the research outcomes. Completion of the questionnaire is likely to take 30 to 35 minutes.

#### The basis by which participants are selected

Anyone who is 75 years and older and living in Queensland may participate in this study.

#### The expected benefits of the research

The incidence of heatwaves has increased around the world. The recent heatwaves in Southeast Asia, Europe, and America are making the headlines in terms of the impact they are having on the humans and the environment. We need to be ready to face similar extreme temperatures here in Australia, if not now,

then in the future. Data obtained from the survey will be analysed and used to understand the perspective of the Older Queenslanders regarding heatwaves as a threat to their health. It will help us in understanding their understanding and usage of digital technology and their awareness about the issue of extreme heat. These in turn will help us in developing an individualised early warning system for them which is the main aim of our project.

### **Risks to you**

There are no foreseeable risks associated with participation in this research. The personal information we are collecting is anonymous, except for your name for consent, and your contact details if you choose to share them with us, so you can receive the results of the research and/or choose to participate in future research.

### **Your confidentiality**

This is an anonymous survey. Your participation in the survey is voluntary. Any personal information provided in any form will be de-identified before storing the data in electronic form. All paper copies will be stored in a lockable cabinet in a locked room accessible only to the research team. They will be stored for minimum 5 years before being destroyed via appropriate security bins. Aggregated results from this study may be published in reports, conference papers and academic journals, and/or in the mass media.

### **Questions / further information**

For additional information about the project, please contact Associate Professor Shannon Rutherford using the email address provided above.

### **The ethical conduct of this research**

Griffith University conducts research in accordance with the *National Statement on Ethical Conduct in Human Research*. Should you have any concerns or complaints about the ethical conduct of the research project, please contact the Manager, Research Ethics on 3735 4375 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au).

### **Feedback to you**

No individual feedback will be provided to participants because we will not be able to identify individual answers. However, if you would like a summary of the overall findings from this research once it has been completed, please contact Shannon Rutherford using the email address provided above.

### **Expressing consent**

Please retain this information sheet for your later reference.

**COMPLETION/MAILING OF THE QUESTIONNAIRE WILL BE TAKEN AS YOUR INFORMED CONSENT TO PARTICIPATE IN THIS STUDY.**

Date of completion: \_\_\_/\_\_\_/2022

Start time: \_\_\_\_\_

Please read all questions carefully because no two questions are identical. Sometimes two questions may seem similar, but this is essential for reliability purposes.

### Section I

It will be good to know about you to begin with, let's start 😊

**A1 Gender (Please select the correct option)**

- Male
- Female
- Other
- Prefer not to say

**A2 In which age category do you fit (Please select the correct option)**

- 65-69 yrs.
- 70-74 yrs.
- 75-79 yrs.
- 80-84 yrs.
- 85 and above

**A3 Your postcode \_\_\_\_\_**

**A4 Were you born in Australia?**

- Yes, go to A5
- No, go to A7

**A5 In which Australian state or territory were you born?**

- NSW
- WA
- SA
- ACT
- QLD
- NT
- VIC
- TAS

**A6 Do you identify as:**

- Neither Aboriginal nor Torres Strait Islander
- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

**A7 In which country were you born? (skip if born in Australia)**

- New Zealand
- Indonesia
- United Kingdom
- India
- China
- South Africa
- Brazil
- Other, please specify \_\_\_\_\_

**B1 Which language(s) do you usually speak at home? (Please select all that apply)**

- English
- Mandarin
- Italian
- Cantonese
- Vietnamese
- An Aboriginal language, please specify \_\_\_\_\_
- A Torres Strait Islander Language, please specify \_\_\_\_\_
- Other, please specify \_\_\_\_\_

**B2 What is your highest education level?**

- Postgraduate diploma/ certificate/degree
- Bachelor's degree
- Diploma or Advanced Diploma
- Certificate Level III or IV
- Secondary school education
- Primary school education
- None of the above

**B3 Which of the following describes your living situation? Please select all that apply.**

- Living alone
- Living with partner
- Living with other family members (e.g., parents, extended family, adult/ children)
- Living in a shared household
- Living in an aged care facility
- Other \_\_\_\_\_

**C1 Which of the following best describes how you spend your time? (Please select all that apply)**

- Working – full time (35+ hours per week)
- Working – part time



- Working on a casual basis
- Unemployed and seeking work
- Retired
- Unpaid work- looking after house/children/dependents
- Not in paid employment due to a disability
- Student- not in paid employment
- Other, please specify\_\_\_\_\_

**C2 What is your individual after tax income?**

- Less than \$10,399 per year
- \$10,400-\$15,599 per year
- \$15,600-\$20,799 per year
- \$20,800-\$31,199 per year
- \$31,200-\$41,599 per year
- \$41,600-\$51,999 per year
- \$52,000-\$64,999 per year
- \$65,000-\$77,999 per year
- \$78,000 – \$103,999 per year
- More than \$104,000 per year

**C3 How would you describe your current financial situation?**

- I am struggling financially
- I am doing okay
- I am comfortable
- I am financially well off

**C4 Is your home (Please select the appropriate option)**

- A separate house
- A semi-detached house/townhouse
- Flat/apartment/unit
- Aged care facility (if this is selected go to D1)
- Other, please specify \_\_\_\_\_

**C5 Do you live in (Please select the appropriate option)?**

- Your own house/dwelling/home (go to C7)
- A rented house/dwelling/home (go to C6)
- Do not have a home/dwelling to live in (go to D1)
- Other, please specify \_\_\_\_\_

**C6 If you rent, is it?**

- Government rental (e.g., public housing)
- Private rental

**C7 For how long you have been living in this dwelling/house?**

- Less than 1 year
- 1-5 years
- 6-15 years
- More than 15 years

**C8 What was your estimated electricity bill in the most recent quarter? (Please select the closest option)**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than equal to \$160 | <input type="checkbox"/> \$361- \$400                        |
| <input type="checkbox"/> \$161-\$200              | <input type="checkbox"/> \$401- \$440                        |
| <input type="checkbox"/> \$201-\$240              | <input type="checkbox"/> More than \$440                     |
| <input type="checkbox"/> \$241-\$280              | <input type="checkbox"/> Do not directly pay for electricity |
| <input type="checkbox"/> \$281- \$320             | <input type="checkbox"/> Do not know                         |
| <input type="checkbox"/> \$321- \$360             |  |

**D1 How would you rate your health?**

- Extremely Poor
- Poor
- Okay
- Good
- Very good

**D2 Have you been diagnosed with any of the following chronic conditions? (Please select all that apply)**

- Diabetes
- Heart problems (e.g., heart attack, stroke)
- High blood pressure
- Kidney or renal problems
- Respiratory problems (e.g., asthma, shortness of breath)
- Depression, anxiety, memory loss, or other mental health issues
- Alzheimer's disease
- Arthritis
- Back problems
- Any other condition that is not listed above, specify please\_\_\_\_\_
- No, I do not suffer from any of the above

**D3 Please tick the most appropriate option from hardly ever to often for the following questions:**

---

Hardly ever

Some of the time

Often

---

How often do you feel that you lack companionship?

---

How often do you feel left out?

---

How often do you feel isolated from others?

---

**D4 Do you need help with household tasks?**

- Yes, go to D5
- No, go to D6

**D5 Who do you normally ask for help? (Please select all that apply)**

- Family member
- Friend
- Neighbour
- Paid Carer
- No-one
- Other, please specify \_\_\_\_\_

**D6 Do you have a disability? (A disability includes sensory, intellectual, neuro-diverse, physical and mental illness – where the disability is permanent or is likely to be permanent).**

- Yes, please specify \_\_\_\_\_
- No

**D7 Do you use any of the following aids for getting around? (Please select all that apply)**

- Walking aid
- Wheelchair
- Scooter/ Gopher
- No aids
- Other, please specify \_\_\_\_\_

Great work so far, 25% done, now we would like to hear about your views on heat and heatwaves. A heat wave or an extreme heat event is a period of unusually and uncomfortably hot weather. 😊

## Section II

**E1 Please answer to the best of your knowledge or belief for the statements below:**

- a. Health impacts from heat increase, if after a hot day, temperature remains high at night.

True  False  Don't know

b. People suffering from chronic diseases (e.g., lung or heart diseases) are hospitalized less often when there are heat waves.

True  False  Don't know

c. Heat can affect your health even before you feel any of the warning signs.

True  False  Don't know

d. The increased temperatures associated with climate change are resulting in increased deaths and hospitalisations around the world.

True  False  Don't know

e. Health impacts from heat increase following prolonged periods of very hot weather.

True  False  Don't know

**E2 When do heatwaves have the greatest effect on people's health? (Please select the most appropriate option to the best of your knowledge or belief)**

In the beginning of the summer season

At the end of the summer season

All summer

Don't Know

**E3 Some people are more sensitive to extreme heat. Select the groups of people who you think have a higher risk for health effects due to extreme heat? (Please select all that apply)**

Young adults

People who work indoors

People who perform a lot of physical activity (sports, construction workers)

People aged 65 and above

Very young children

Pregnant women

People who are socially isolated

People who have a chronic disease

**E4 Overall, how much do you feel you know about the causes of heatwaves?**

Nothing at all

Virtually nothing

A little

Quite a lot

A great amount

**E5 Overall, how much do you feel you know about the consequences of heatwaves on your health?**

Nothing at all

Virtually nothing

A little

- Quite a lot
- A great amount

**How concerned are you that each of the following threats might directly affect you or your family? (Please tick the appropriate box for each of the following)**

	<b>Not Concerned</b>	<b>At</b>	<b>All</b>	<b>Not concerned</b>	<b>very</b>	<b>Somewhat concerned</b>	<b>Fairly concerned</b>	<b>Very Concerned</b>
<b>Bushfires</b>								
<b>Cyclones</b>								
<b>Floods</b>								
<b>Crime</b>								
<b>Sea level rise</b>								
<b>Droughts/Water shortages</b>								
<b>Heatwaves</b>								
<b>War/International conflicts</b>								
<b>Food affordability</b>								
<b>COVID-19</b>								
<b>Impacts of climate change, generally</b>								

**F1 How serious a problem do you think heatwaves and extremely hot weather are for Australia?**

- Not at all serious
- Somewhat serious
- Extremely serious

**F2 On an extremely hot day, how would you rate the indoor temperatures of your home on the following scale?**

- Cold
- Cool
- Slightly cool
- Neutral
- Slightly warm
- Warm
- Hot

**F3 During the middle of a normal summer day, how would you rate the indoor temperatures of your home on the following scale?**

- Cold

- Cool
- Slightly cool
- Neutral
- Slightly warm
- Warm
- Hot

**F4 How vulnerable do you think the region within 50 km of your home is to the impacts of extreme hot weather?**

- Not at all vulnerable
- Not very vulnerable
- Somewhat vulnerable
- Fairly vulnerable
- Highly vulnerable

**F5 How sensitive are you to heat?**

- Very sensitive
- Sensitive
- Not very sensitive
- Not sensitive at all

**F6 Do you feel more at risk of heat than people of similar age to you?**

- Yes, go to F8
- No, go to F9

**F7 Please explain why you feel more at risk.**

**F8 Have you ever been told by a health professional that your health problems can make you more sensitive to heat?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know                     |
| <input type="checkbox"/> No  | <input type="checkbox"/> Don't have any health problems |

**G1 *Within the past twelve months*, have you been affected by extremely hot weather?**

- Not affected at all
- A little affected
- Somewhat affected
- Badly affected

**G2 Prior to the past twelve months, have you been affected by extremely hot weather?**

- Not affected at all
- A little affected
- Somewhat affected
- Badly affected

**G3 Have you ever experienced any of the following associated with hot weather (Please select all that apply)**

- Anxiety
- Loss of balance/feeling dizzy/faint
- Headache
- Nausea/Vomiting
- Shortness of breath
- Irregular heart rate/rapid pulse
- Skin issues (e.g., prickly heat rash)
- Dehydration
- Muscle cramps
- Fatigue
- Changes in urination (e.g., Decreased frequency/ darker colour/smaller amount)
- Loss of appetite
- General weakness
- Lack of sleep/ Trouble sleeping/sleeping disturbance
- Other, please specify\_\_\_\_\_
- Experienced none of the above

Well done 😊, you are halfway through. Relax a bit and have a stretch. Next, we would find out how you respond during hot weather.

**Section III**

**H1 Have you ever heard a heatwave warning?**

- Yes, go to H2
- No, go to H6
- Don't know, go to H6

**H2 When did you hear about the heatwave warning?**

- At least a night before the event
- Day of the event
- After the event
- Heard the warnings repeatedly

- Don't recall

**H3 Did you behave differently because of the heatwave warning?**

- Yes, got to H4
- No, go to H5

**H4 Please tell us what you did differently?**

**H5 From which of the following sources did you obtain heat related information or heatwave warnings? (Tick all that apply)**

- Television
- Radio
- Mobile phone
- Newspaper (printed)
- Newspaper (on computer)
- Internet/computer websites
- Social media
- Weather apps
- Printed material (posted or picked up)
- State Emergency Services (SES)
- Family/friends/neighbours
- Other, please specify\_\_\_\_\_

**H6 We are interested in your ideas about the ways heat warnings and heat preparedness information are provided. To what extent do you prefer each of the following sources for such information? (Please tick the appropriate box for each)**

	Not preferable	Somewhat preferable	Very preferable	Don't know
Television				
Radio				
Mobile phone				
Newspaper (printed)				
Newspaper (on computer)				
Internet/ computer websites				



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**Printed material (posted or picked up)**

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**Family/friends/neighbours**

---

**11 Do you feel confident in seeking help during extreme hot weather if you are not feeling well?**

- Yes, go to I2
- No, go to I3

**12 Who would you contact for help if you are not feeling well due to hot weather (Please select all that apply)?**

- Family
- Friends
- Neighbours
- Personal Carer
- GP or nurse
- Other, please specify\_\_\_\_\_

**13 During extremely hot weather, how often do other people contact you to check on your well-being?**

- Often
- Sometimes
- Most of the time
- Never

**14 Which of the following do you have at your home to reduce the effects of hot weather? (Please select all that apply)**

- Air conditioning
- Fans
- Blinds and awnings
- Large windows and doors
- Large windows and doors with insect and/or security screens
- Outdoor living areas like Verandas/Decks/ Patios
- Ceiling insulation
- Wall insulation
- Roof overhang/ wide eaves
- Shady Plants
- Not any
- Other, please specify\_\_\_\_\_

**15 Have you made changes to your home to make the temperature more comfortable during the hot weather?**

- Yes, if yes go to I6 and skip I7
- No, go to I7

**16 What changes have you made, select from the options below (Please select all that apply)?**

- Installed air conditioning
- Purchased mobile coolers or pedestal fans
- Installed fans

- Installed blinds and awnings
- Installed insect and or security screens to your windows/doors
- Added outdoor living areas like verandas/decks/ patios
- Installed ceiling insulation
- Tinted your windows
- Installed a light colour roof
- Added shady plants
- Other, please specify\_\_\_\_\_

**17 What is the reason you did not make any change? (Please select all that apply)**

- Rental dwelling
- Could not afford it
- Didn't know how
- Not physically able
- Did not feel it was needed
- Other, please specify\_\_\_\_\_

**18 On a very hot day, how often do you use the following to maintain comfortable temperatures? (Please tick the appropriate box for each option)**

	Never	Rarely	Sometimes	Frequently	Every time	N/A
Turn on the air conditioner						
Turn on fans						
Stay inside your house during the warmest times of the day						
Keep windows closed when outdoor temperature is higher than indoor						
Open doors and windows						
Close blinds and curtains						
Adjust your clothing (light materials, light colours, less clothing, loose clothing)						
Increase intake of fluids (water/soft drinks)						
Cool your body by taking showers or swimming						
Use a wet cloth (on neck or face)						
Reduce alcohol intake						
Change the type of food I eat						
Avoid physical activity						
Avoid outdoors						
Go outdoors at home-shade/veranda						
Visit green areas (forests, park)						

---

Visit public places with air conditioning (e.g., shopping centre, cinema, library)

---

Visit friends who live in cooler places

---

**J1 Does your household have any form of air conditioning?**

- Yes, go to J2
- No, go to J6

**J2 During very hot weather, do you use your air conditioning?**

- Yes
- No, go to J6

**J3 During very hot weather, for how many hours do you usually use your air conditioner?**

- Never, go to J6
- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-8 hours
- More than 8 hours

**J4 During very hot weather what time of day do you usually use your air conditioner? (Please select all that apply)**

- Morning
- During the middle of the day
- When visitors are in the house
- Late afternoon
- When sleeping during the day
- When sleeping during the night
- Evening
- All day

**J5 On a daily basis, when it's hot at what temperature do you usually set the air conditioner to operate?**

- less than 23 °C
- 23-24°C
- 25-26 °C
- Greater than 26 °C

**J6 Please tell us about the reasons that stop you from having an air conditioner or using your air conditioner (Please select all that apply):**

- It is too expensive to buy
- It is too expensive to run

- It is difficult to adjust the temperature
- It is not good for my health
- It is bad for the environment
- It prevents fresh air from getting in
- It makes my home too cold
- It is not comfortable
- It makes too much noise
- It's not necessary where I live
- Other, please specify\_\_\_\_\_

Nearly there, one more section to go!! We would like to know about your experiences and perspectives on digital technology, even if you are not a digital technology user.

**Section IV**

**K1 Please tick the most appropriate option for the following statements:**

	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree
I like using digital technology.	Y	Y	Y	Y	Y
I like the idea of using digital technology.	Y	Y	Y	Y	Y
I feel apprehensive about using technology.	Y	Y	Y	Y	Y
I hesitate to use the technology for fear of making mistakes I cannot correct.	Y	Y	Y	Y	Y

**K2 Does your place of residence have internet access? e.g., Wi-Fi, physical cable like NBN, mobile phone hotspot**

- Yes (go to K4)
- No (go to K3)
- Don't know (go to K4)

**K3 What is the reason for no internet access? (Please select all that apply)**

- No reliable connection in my area
- Not interested in getting a connection
- Too Expensive
- Don't know how to use
- Other, please specify\_\_\_\_\_

**K4 Which of the following do you have at home for your personal use? (Please select all that apply)**

- Standard mobile phone i.e., a phone with push buttons and limited or no internet access
- Smartphone i.e., a phone with touch screen and internet access
- A tablet e.g., iPad or android tab
- Laptop
- Desktop computer
- Smart TV
- Standalone GPS device e.g., TomTom, Navman
- Virtual Assistant devices e.g., Alexa, Siri, Google
- Personal monitoring/wearable devices e.g., Apple watch, Fitbit
- None of the above
- Others, please specify \_\_\_\_\_

**K5 Do you use any of the following applications (apps) on a smartphone, tablet, or any other digital device? (Please select all that apply).**

- Social media apps (e.g., Facebook, LinkedIn, Instagram, Twitter)
- Communication apps (e.g., WhatsApp, Skype, Zoom, Messenger)
- Virtual Assistants (e.g., Google, Siri)
- Entertainment apps (e.g., Netflix, Spotify, iTunes)
- Online shopping apps (e.g., Amazon)
- Transport apps (e.g., Uber, 123 cabs)
- Weather apps
- News apps
- Banking apps
- Government apps (e.g., Medicare, Centrelink, MyGov, etc.)
- Health Apps (e.g., Telemedicine, fitness)
- Others please specify, \_\_\_\_\_
- I don't use any apps, (if this is selected, multiple selection is not allowed, go to K7)

**K6 Thinking about of the apps that you use, including at home, at work, or out and about, how often would you say that you use those apps?**

- Multiple times a day
- Once a day
- Every couple of days
- At least once a week
- At least once a fortnight
- At least once a month
- Less often than once a month

- Never

**K7 Now thinking about your app usage, why do you choose not to use some or all the apps? (Please select all that apply)**

- Worried about my privacy
- Using apps is difficult for me as I would always need someone to guide me
- I am not confident in using them
- I don't have access to devices/digital technology
- I am not interested in finding out things this way
- I have never needed them before, and I don't need them now
- Don't know where to start and I am too old to learn now
- N/A, I am happy to use all apps
- Other, please specify \_\_\_\_\_

**K8 How regularly would you say you get your friends/family/other person to do tasks online on your behalf, such as check emails, browse the internet, pay bills online or do stuff with digital technology?**

- Multiple times a day
- Once a day
- Every couple of days
- At least once a week
- At least once a fortnight
- At least once a month
- Less often than once a month
- Never

**K9 When you get a new electronic device, do you usually need someone else to set it up or show you how to use it?**

- Always
- Very often
- Sometimes
- Rarely
- Never
- N/A- I do not get new electronic devices

**K10 How confident are you in using computers, smartphones, or other electronic devices to do the things you need to do online?**

- Very confident
- Somewhat confident
- Only a little confident
- Not at all confident
- Don't know

**K11 How confident are you to learn a new kind of digital technology or related application?**

- Very confident
- Somewhat confident
- Only a little confident
- Not at all confident
- Don't know

**K12 Would you say technology has had a mostly positive effect on our society or a mostly negative effect on our society?**

- Mostly positive
- Mostly negative
- Equal positive and negative effects
- Don't know

**K13 When learning a new digital technology or relevant application, in which ways do you prefer to learn? (Please select all that apply)**

- In person- face to face (family member, carer, or a stranger)
- Within a big group (class, library)
- Within a small group
- Websites and YouTube videos
- Printed user guides/manuals
- Learning via talking on the phone
- Learning via video calling apps e.g., Skype, WhatsApp
- Other way, please specify\_\_\_\_\_
- I don't want to learn about new technology or application (if this selected, no multiple selection allowed)

**K14 Please rate your day to day needs for the following digital services:**

	not at all	Somewhat	essential	Don't know
Smart bracelet/Smart watch like apple watch, Fitbit, or Samsung Watch	Y	Y	Y	Y
Emergency calling	Y	Y	Y	Y
Telemedicine-online health consultation	Y	Y	Y	Y
Online banking	Y	Y	Y	Y

Online appointment registration	Y	Y	Y	Y
Making online payments e.g., medical bills, power bills	Y	Y	Y	Y
Virtual Assistants like Alexa, Siri	Y	Y	Y	Y

**K15 How are you completing this survey? (Please select the most appropriate option)**

- On your own
- With someone else but you are entering the responses
- With someone else entering the responses for you

**K16 When going to a new place where you need directions, select the option that suits: (Please select all that apply)**

- I travel in my own car and use google maps or an electronic navigation device (e.g., Navman, Garmin, Tom Tom) for directions (if this is selected, go to K17)
- I travel in my own vehicle and use a paper map
- I travel with someone else
- I use public transport
- I don't go to new places

If these options are selected skip K17

**K17 While using google maps or other similar electronic navigation devices do you listen to the virtual assistant guiding you?**

- Yes
- No, I turn off the virtual assistant

**K18 Please say whether you agree or disagree with the following statements about using digital services in general:**

I feel frustrated using digital services. Y Agree Y Disagree

---

For some tasks, I prefer to interact online rather than face-to-face or on the telephone. Y Agree Y Disagree

---

I would like more training using digital services. Y Agree Y Disagree

---

I worry about the privacy of my information online. Y Agree Y Disagree

---

Mobile phone and internet costs prevent me from using digital services. Y Agree Y Disagree

---

Digital services make my life easier. Y Agree Y Disagree

---

I would like to use digital devices if provided with support on using them. Y Agree Y Disagree

Nearly there, you are doing great job.

**K19 How do you feel about the following ways digital technologies could be used in your home for heat-health risk monitoring?**



	Very comfortable	Comfortable	Neither comfortable nor uncomfortable	Uncomfortable	Very Uncomfortable	Don't know
Device that monitors temperature and humidity	Y	Y	Y	Y	Y	Y
Device that monitors movements (only motion detection-not involving images)	Y	Y	Y	Y	Y	Y
To 'speak' to you from a device to alert you of something important	Y	Y	Y	Y	Y	Y
To provide a visual alert/recommendation (no sound) on a tablet/screen	Y	Y	Y	Y	Y	Y
That requires interaction and input from you via an app on a tablet/screen (e.g., how you feel on a scale of 1-5?)	Y	Y	Y	Y	Y	Y
Receiving automated text message alerts on your mobile phone/home phone	Y	Y	Y	Y	Y	Y
Automated alerts sent to your approved family, friends, and/or informal carer	Y	Y	Y	Y	Y	Y

**K20 Would you be willing to pay for an in-home system that monitors heat and alerts you to act should the home environment present a risk to your wellbeing?**

- Yes, go to K21
- No, go to K22
- Not sure, go to K21

**K21 How much will you be willing to pay for a one-off purchase?**

- <\$100
- \$100-299
- \$300-499
- \$500-699
- \$700-\$999
- >=\$1000

**K22 Do you have any other comments you wish to add about heat and health or digital technologies?**

Thank you for completing the survey. We really appreciate your time.

**End time:** \_\_\_\_\_

### Appendix 3 (Media channels utilised for survey recruitment)

Media resources	Purpose
Warrego watchman	Survey promo, website
Beaudesert times	survey promo, newspaper, website
North Qld Register, QLD Country Life	Survey promo, website
Anglicare Newsletter	survey promo in newsletter
Feature Magazine (Moreton Bay)	Survey promo, magazine
Toowoomba News	Survey promo, website or newspaper
Mackay News	Survey promo, website or newspaper
Courier Mail	Survey promo, website or newspaper
Australian Senior News	survey promo, website
The Senior (QLD)	survey promo, newspaper
Brisbane Seniors Online	survey promo, newsletter or Social media
Brisbane North PHN	survey promo, newsletter or Social media
University for the 3rd Age Toowoomba	survey promo, newsletter or Social media
Seniors Today	survey promo, newspapers (Star News group)
Longreach Leader	survey promo, newspapers (Star News group)
Dept. Health and Aged Care website	survey promo, website
Seniors Committee, Hills Chamber of commerce	survey promo in newsletter
Uniting Care - Grandparents Newsletter	survey promo in newsletter, website
Uniting Care Seniors Enquiry Line Newsletter	survey promo in newsletter, website
TASC National (Illegal advice for vulnerable persons, Goondiwindi, Roma, Stanthorpe, Toowoomba, Ipswich)	survey promo in newsletter

Sustainable Brisbane	survey promo in newsletter, website
QLD Health - Newsletter and Health Blog	survey promo in newsletter, website
GC Health - Daily News Digest	survey promo, website
Bowls QLD	survey promo, magazine
Your Local Newsletter (GC)	Survey promo
Over Fifties magazine (GC)	survey promo in newsletter
Tropic Now (website)	survey promo, website and social media
The Queenslander (Website)	survey promo, website and social media
Spanner in the Works (Mens Shed Assoc. Newsletter)	survey promo in newsletter
Success NQ Magazine	survey promo, magazine
OPAN Newsletter	survey promo, newsletter
Cape York Weekly	survey promo, website
Australian Rural and Regional News	survey promo in newsletter, website
Australian Community Media (Rural and Remote)	survey promo on website, newspaper, newsletter
Mt Isa City Council	survey promo in newsletter, website
Your Time Magazine (BNE, SC)	survey promo, magazine
60 and Better Ipswich Newsletter	survey promo in newsletter
60 and Better GC	survey promo in newsletter
Liberty Community connect (Newsletter)	survey promo in newsletter
Ipswich - environmental Matters Magazine	survey promo in magazine
Logan Local Magazine and Local Ipswich News	survey promo on website, newspaper, newsletter
Living in Logan Magazine	survey promo in magazine
Our Logan Magazine	survey promo in magazine

