



## Training course Senior Service Worker

# MODULE 6 - Ambient assisted living services in home care and community based settings for the elderly

### Online Questionnaire

#### 1. Basic concepts of ambient assisted living services

1. What does AAL stand for?

- a, Assisted Agglomeration Living
- b, Ambient Assisted Living
- c, Ambient Agglomeration Living

2. Complete the following sentence:

According to the World Health Survey more than .....people are estimated to live with some form of disability.

- a, half billion
- b, one billion
- c, two billion

3. Mark the categories of the assistive technology devices:

- a, supportive,
- b, responsive,
- c, retroactive
- d, preventive

#### 2. Using ambient assisted living services

4. Who are the primary users of AAL solutions?

- a, companies or organisations
- b, older adults
- c, institutions and private or public organisations



**Thematic focus: Seniors as the primary AAL service users**

6. There are 3 categories of AAL stakeholders: primary, secondary and tertiary

- A, all three of them are correct
- B, only the first two are correct

7. After what age limit does the fourth age category for older adults start?

- a, around 65
- b, around 80
- c, at 90

8. Phase 8 - Change and experience - what does this mean?

- a, people start planning their retirement
- b, when seniors retire, they reorganise their new leisure time
- c, as long as seniors are still healthy in this phase, they try to prolong the conveniences

**Thematic focus: Secondary and tertiary AAL service users**

9. Seniors are usually not the only users of Ambient Assisted Living (AAL) technology. Who else are? Mark the correct ones.

- a, relatives
- b, professional caregivers
- c, medical doctors
- d, staff from resident homes
- e, real estate managers

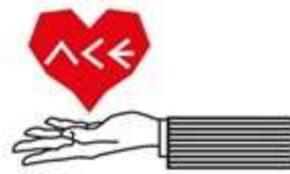
10. Mark the correct answers.

Seniors aged 50 and over are mostly cared for by:

- a, their children or spouses.
- b, mostly their friends.
- c, other relatives.

11. What ratio of these carers are women?

- a, one third
- b, two thirds



c, 75%

12. What effects can women, who provide intensive care, experience on their lives? Which one is not true?

- a, poverty
- b, affection of work decisions
- c, enough time to be employed
- d, reduced working hours
- e, inflexible jobs

13. What are the issues informal caregivers struggle with? Mark the correct ones.

- a, Organisation of caring time, coordination with the workplace and own family.
- b, No need for own leisure time in order to revive.
- c, Conflicts with the recipient of care, other relatives, professional caregivers and/or insurance companies about care measures, responsibilities or financial matters.
- d, The need for information about their relatives' diseases (e.g. dementia) and their potential progression.
- e, Feelings of carelessness when unable to take care of the recipient of care, or not as often as is presumed necessary.

14. Mark the main cases there is need for professional caregivers:

- a, For caring activities that require medical competence (e.g. changing wound dressings)
- b, For male seniors (about twice as much as for female seniors).
- c, For single seniors without permanent informal care
- d, The senior has a big caring family
- e, For seniors with a higher level of care dependency or intensity

15. What are examples of issues with which professional caregivers deal on a daily basis?

- a, Strong time pressure due to a shortage of personnel and having many patients.
- b, Psychological stress due to exposure to sickness and mortality.
- c, Light labour due to not having to lift or turn elderly people
- d, A medium workload, few organisational duties (e.g. documentation) and a lot of time for personal contact.
- e, Conflicts with the recipients of care, their relatives or within the team/hierarchy.



16. What aspects do the caregiver goals involve? Mark the correct answers.

- a, Enhancing the safety of care recipient, for instance, lowering the risk of demented persons disappearing or running away.
- b, Reducing healthcare service of aged care residents by not monitoring/managing their chronic condition.
- c, Reducing hospital admissions (to casualty or as an in-patient; the frequency and length of hospital stays).
- d, Providing enhanced communication, coordination and monitoring of care to other healthcare providers, the clients and/or their carers
- e, Providing early healthcare assessment, detection and prompt treatment of symptoms/conditions that would ordinarily lead to a medical emergency and possible (re)admission to the acute care sector.

17. Find the exceptions to „other stakeholders“:

- a, Municipalities
- b, Ministries
- c, Medical doctors
- d, family members
- e, Physiotherapists / ergotherapists
- f, elderly people
- g, Rehabilitation centres
- h, Real estate developers
- i, caregivers
- j, Architects
- k, Social services
- l, Housing cooperatives
- m, Insurance companies

18. Mark the favourite AAL application scenarios of primary end-users:

- a, Enhancing comfort
- b, Improving health status
- c, Supporting everyday activities, for instance, shopping, remembering appointments, housework
- d, Saving energy/costs



e, None of the above is true

19. Mark the favourite AAL application scenarios of secondary users:

- a, Monitoring the primary user's well-being
- b, Supporting communication with the primary user or other stakeholders
- c, Supporting administrative activities (in the context of caregiving)
- d, Supporting demanding caregiving labour
- e, None of the above is true

### 3. Ambient assisted living solutions for the elderly

20. Sensors are often at the heart of AAL systems. What do they detect?

- a, if the elderly is feeling good
- b, user's well-being
- c, critical situations

21. How many generations are there in the telemedicine?

- a, three
- b, four
- c, five

21. What is mHealth (mobile health)?

- a, mHealth is utilisation of mobile phones
- b, use of tablets and PDAs (personal digital assistants)
- c, using electronic devices in delivering health and social care
- d, None of the above.

22. What are the main ideas of eHealth?

- a, Using the power of IT and e-commerce
- b, The delivery of health information
- c, The use of e-commerce and e-business practices in health systems management
- d, All of the above are true for telemedicine.

23. How can be smart homes classified by their interconnection method?

- a, with wire,
- b, with wireless technology



- c, both wire and wireless
- d, all of them are incorrect

24. Mark the incorrect smart home appliances:

- a, sleeping pattern monitoring
- b, Cooking hob and oven safety control,
- c, smart beds
- d, falls detector
- e, automatic lottery ticket writer
- f, emergency alarm,
- g, automatic lighting system,
- h, video monitoring system,
- i, activity monitoring system

#### **4. Guiding and advising about ambient assisted living services**

**Thematic focus: Guiding and giving advice to elderly or other professionals**

25. In assisting older people's everyday lives, our first and foremost task is:

- a, assess their family tree
- b, assess the elderly's abilities
- c, assess the environmental capabilities

26. Who is involved in the process of training?

- a, Both the elderly person and his/her carers must acquire the proper use of the AAL solution.
- b, Only the elderly has to know how things work
- c, Only the caregivers have to know the AAL solution's operation

**Thematic focus: AAL solutions for seniors suffering from dementia**

27. How many dementia patients will live by 2050 worldwide?

- a, 115 million people
- b, 35 million people
- c, 50 million people



28. Name the symptoms areas of dementia:

.....

Memory, Mobility, Communication, Hygiene, Eating

29. Mark the correct target dimensions for coping with dementia:

- a, Supporting living environment
- b, Financial orientation
- c, Enhancing temporal orientation
- d, Supporting social interaction
- e, Enhancing spatial orientation

30. Which target dimension is missing from the above list?

- a, Recreational support
- b, Offering stimulation
- c, Offering support

31. Mark incorrect principles with regard to the Universal Design approach:

- a, Size and space for approach and use
- b, Intolerance of errors
- c, Equal use
- d, Punctual information
- e, Low physical effort
- f, Flexibility in use
- g, Simple and intuitive use