Eden Technology Access Survey

The purpose of this survey is to assess the current state of our resident's internet connectivity and technology comfort level. Please answer each question to the best of your ability. The collected information will be used to improve communication efforts with our communities, especially during COVID-19 Shelter in Place orders. This survey should take about 5 minutes to complete. As a reminder, this survey will only be available for completion during August 3rd - 28th. Thank you for choosing to participate in the Eden Technology Access Survey!

* 1. First Name

* 2. Last Name

* 3. Property Name

* 4. Unit Number

5. Phone Number

6. Email

* 7. Which of the following electronic devices do you currently own? (Mark all that apply)

- Desktop Computer
- Laptop/Macbook/Chromebook
- Tablet
- Smartphone
- None
8. Which internet provider do you currently use? (Pick one of the following options)
   - Xfinity/Comcast
   - AT&T
   - Verizon Fios
   - Spectrum/Charter
   - Cox Communications
   - Other
   - None

9. How do you access the internet?
   - Router/Modem
   - Mobile Hotspot Device
   - Internet LAN Cable
   - Other
   - None
   - I don't know

10. Do you know how to use the internet to search for answers and resources? (Please pick one of the following options)
    - Yes
    - No

11. Is there another person in the household who knows how to use the internet for answers and resources? (Please pick one of the following options)
    - Yes
    - No

12. Do you know how to use the internet to check emails? (Pick one of the following options)
    - Yes
    - No

13. Have you ever purchased products online? (Please pick one of the following options)
    - Yes
    - No
* 14. Have you ever installed programs and applications onto your electronic device(s)? (Please pick one of the following options)
   
   [ ] Yes
   [ ] No

* 15. Which of the following video-conferencing services have you used in the past? (Mark all that apply)
   
   [ ] Zoom
   [ ] Skype
   [ ] Google Hangouts
   [ ] Microsoft Teams
   [ ] Other
   [ ] None

* 16. What language(s) can you Read? (Mark all that apply)
   
   [ ] English
   [ ] Spanish
   [ ] Russian
   [ ] Farsi/Persian/Armenian
   [ ] Korean
   [ ] Traditional-Chinese
   [ ] Simplified-Chinese
   [ ] Other Chinese Dialect
   [ ] Japanese
   [ ] Vietnamese
   [ ] Other (please specify)
* 17. What language(s) can you Write? (Mark all that apply)

- English
- Spanish
- Russian
- Farsi/Persian/Armenian
- Korean
- Traditional-Chinese
- Simplified-Chinese
- Other Chinese Dialect
- Japanese
- Vietnamese
- Other (please specify)

* 18. What language(s) can you Speak? (Mark all that apply)

- English
- Spanish
- Russian
- Farsi/Persian/Armenian
- Korean
- Mandarin-Chinese
- Catonese-Chinese
- Other Chinese Dialect
- Japanese
- Vietnamese
- Other (please specify)

19. We wish to better understand your technology needs in order to further provide technology related services. In the space provided, please share questions, comments, or feedback about any program(s) you would be interested in attending.