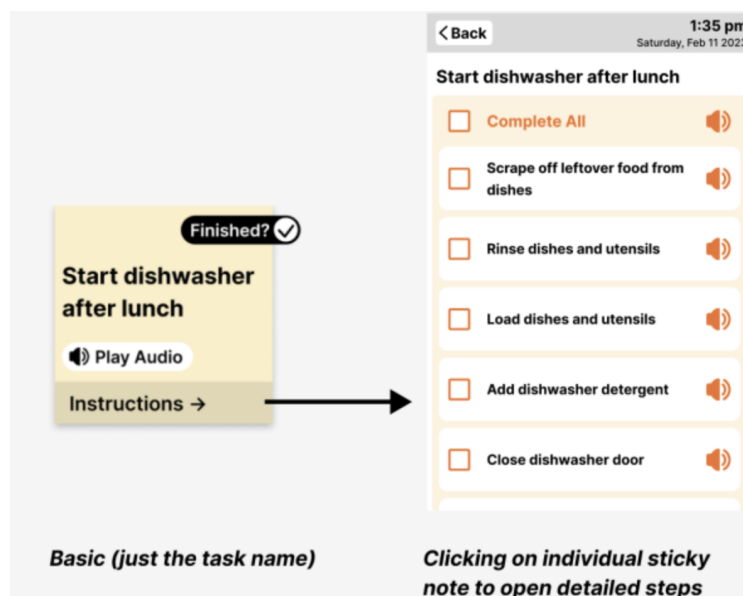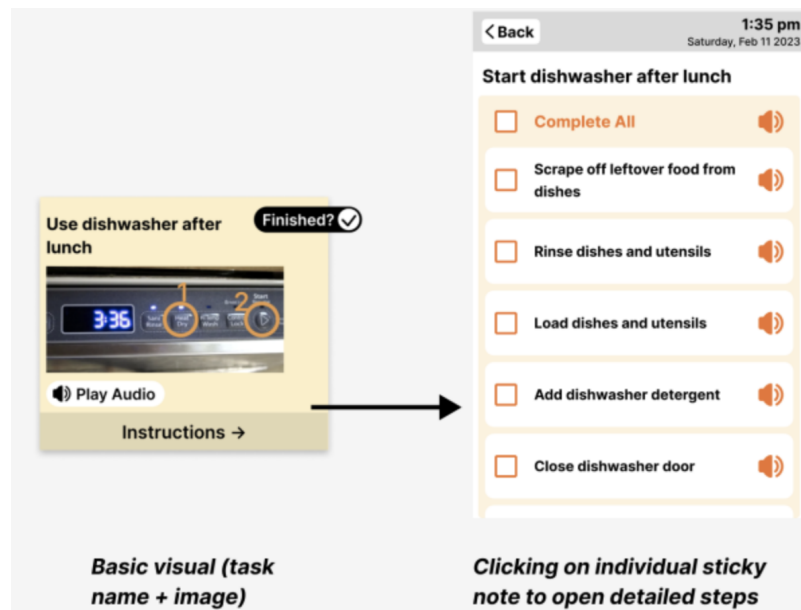# MealPrep Kitchen System Survey
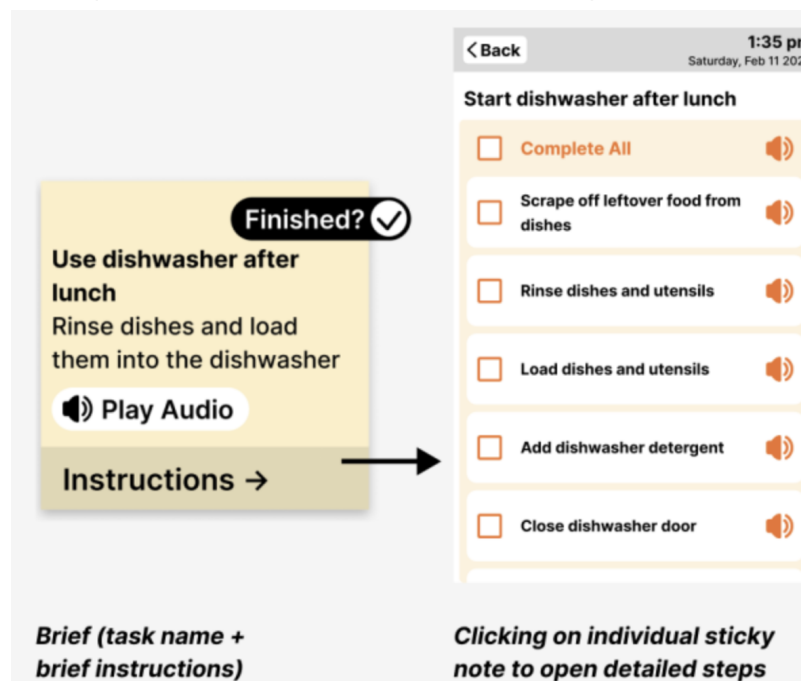
- Are you completing this survey as a CEP (MCI) member or as a Care Partner?
    - CEP (MCI) member
    - Care Partner
    - Filling it in together

1. What types of meal preparation reminders would you like to see on digital sticky notes in the kitchen? [Select all that apply]
    - ☐ None
    - ☐ Kitchen cleaning
    - ☐ Grocery shopping
    - ☐ Recipe steps
    - ☐ Kitchen utensil/item location
    - ☐ Cooking safety
    - ☐ Nutrition information
    - ☐ Other (please specify) _____

2. What **other types of reminders** would you like to see on the digital sticky notes besides meal preparation in the kitchen? [Select all that apply]
    - ☐ None
    - ☐ Medication
    - ☐ Appointment
    - ☐ Exercise
    - ☐ Other (please specify) _____

3. Which **ONE** of the following content type on the digital sticky notes do you prefer?
   - ☐ Basic (just the task name)

Basic (just the task name)   **Clicking on individual sticky note to open detailed steps**

☐ Basic visual (task name, image)

Basic visual (task name + image)

Clicking on individual sticky note to open detailed steps

☐ Brief (task name and brief instructions)

Brief (task name + brief instructions)

Clicking on individual sticky note to open detailed steps

☐ Detailed (task name, detailed instructions)
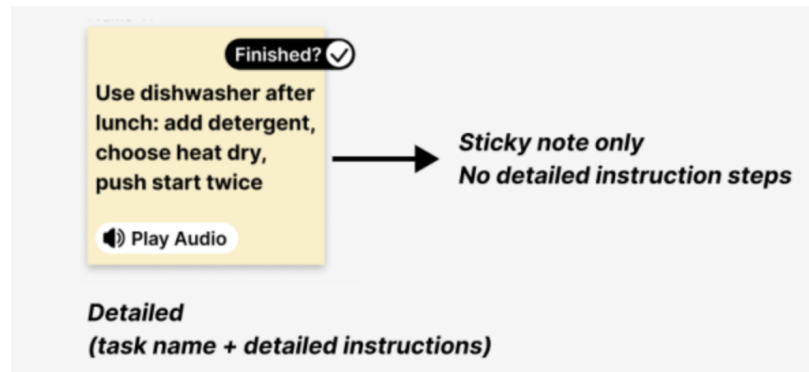
☐ No preference

4. Please explain the reason for your preference in the last question (Optional).

5. Who is the intended user for the digital sticky notes with the level of detail you selected in question 4?
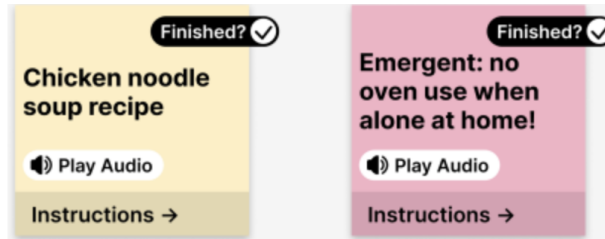   ☐ CEP member
   ☐ Care partner
   ☐ Both

6. Which color-coding method do you prefer for the digital sticky notes (Optional)?
   ☐ A same color for all levels of importance
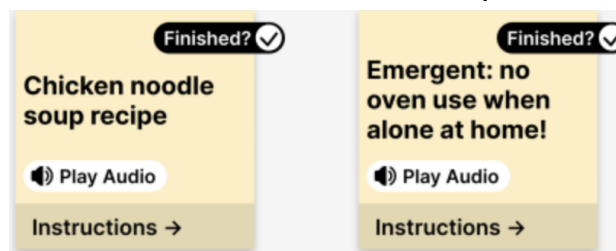
   ☐ A different color specifically for emergency tasks

☐ Different colors for various tasks regardless of their level of importance

☐ Other (please specify) _____

7. How interested are you in having a digital system that automatically reminds you to do meal preparation tasks based on the time of day or your daily activities (e.g. using the dishwasher after dinner)? (Optional)
   ☐ Very uninterested
   ☐ Somewhat uninterested
   ☐ Neutral
   ☐ Somewhat interested
   ☐ Very interested

8. What do your current meal preparation reminders at home look like? [Select all that apply] (Optional)
   ☐ I don't have any reminders
   ☐ Sticky notes
   ☐ Printed recipes
   ☐ Digital calendar
   ☐ Paper calendar
   ☐ White/black board
   ☐ Other (please specify)

9. How do you usually use the meal preparation reminders you selected in the last question? (Optional)

10. What can be improved about your current meal prep reminders? [Select all that apply]
    - ☐ More specific content
    - ☐ Better organization
    - ☐ Easier input options for reminders
    - ☐ Integration with other tools/apps
    - ☐ Better collaboration and communication between members and care partners
    - ☐ Other (please specify)

Demographic

1. Which category best describes your age?
    - ○ Under 18
    - ○ 18 – 29
    - ○ 30 – 49
    - ○ 50 – 69
    - ○ 70 – 85
    - ○ 86 and above
2. What is your gender?
    - ○ Male
    - ○ Female
    - ○ Non-binary
    - ○ Prefer not to say
3. What is the highest level of education you have completed?
    - ○ Less than high school graduate
    - ○ High school graduate / GED
    - ○ Vocational training
    - ○ College / Associate's degree
    - ○ Bachelor's degree (BA, BS, etc.)
    - ○ Master's degree (or other post-graduate training)
    - ○ Doctoral degree (Ph.D., MD, EdD, DDS, JD, etc.)
4. What is your living situation?
    - ○ Living alone

- Living with a spouse or partner
- Living with family
- Living in assisted living or a nursing home
- Other (please specify)

5. What is your race/ethnicity?
- White
- Black or African American
- Hispanic or Latino
- Asian
- Native American or Alaskan Native
- Other (please specify)

6. Which category best describes your yearly household income?
- Less than $50,000
- $50,000 - $69,999
- $70,000 - $89,999
- $90,000 - $109,999
- $110,000 or more
- Do not wish to answer
- Do not know for certain