Welcome to the survey! please answer the questions. Your answers will be kept confidential.

Section A: General background
First we'd like to ask some questions about your general background

A1.   What is your age?

under 20	☐
21-33	☐
34-46	☐
47-59	☐
60 or over	☐
Prefer not to say	☐

A2.   What is your gender?

Female	☐
Male	☐
Prefer not to say	☐

A3.   What is your first language?

A4.   What is your preferred language for using on a digital device like a smartphone or computer?

Section B: Your use of digital devices
Now we'd like to ask you some questions about your use and familiarity with digital devices. ARCLIGHT would like to hear your stories, and we'd like to work with you putting them together into stories that can be shared with other communities. As part of this, we would be interested in getting you to take part in the collecting and creation of the stories. We would like to understand how much you currently use digital devices that might be used as part of this process.

B1.   Which of these do you own, or have access to?

Smart phone with WiFi	☐
Tablet	☐
Desktop computer	☐

Laptop computer ☐

B2. **How often do you do the following on a digital device?**

	Each week	Each month	Once a year or less	Not at all
Take a photo	☐	☐	☐	☐
Send a photo	☐	☐	☐	☐
Listen to music	☐	☐	☐	☐
Watch videos	☐	☐	☐	☐
Create a digital audio recording	☐	☐	☐	☐
Look at the internet	☐	☐	☐	☐

B3. **How confident are you in using digital devices?**

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Section C: Your community and ARCLIGHT

Finally, we have two questions to understand how you use technology in your local community, and what you hope to get from taking part in ARCLIGHT

C1. **Do you support others in their use of technology?**

Every day ☐

Every week ☐

Each month or less ☐

Not at all ☐

Prefer not to say ☐

C2. **What do you hope to benefit from taking part in this project?**

Thank you for filling in the survey.