**Bethany Center iPad Use Survey**

**Please take a moment to fill out this short survey before checking out your iPad. Thank you!**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How are you feeling today? (1: Very depressed ; 5: Very happy) Please circle one:**

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1 2 3 4 5

1. **What would you like to use the iPad for? (Please check all that apply)**
* Games and puzzles
* Talking with family or friends
* Talking with a health provider
* Using the internet
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **How often do you feel that you lack companionship? (Please circle one):**

Hardly Ever Some of the Time Often

1. **How often do you feel left out? (Please circle one):**

Hardly Ever Some of the Time Often

1. **How often do you feel isolated from others? (Please circle one):**

Hardly Ever Some of the Time Often

1. **Do you expect the iPad will change your mood? (Please circle one):** Yes / No