

DIGITAL SKILLS QUESTIONNAIRE

1. GENERAL INFORMATION

A. Critical questions

1. What types of Information & Communication Technologies (ICT) devices do you have at home?
Please put an X.

Desktop computer

Laptop computer

Smartphone device

Tablet device

Other ICT devices

2. How do you appreciate your level of knowledge in using a computer / laptop / tablet / other digital device? Please put an X.

		Very low	Low	Well	Good	High
Devices	Desktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you use any of the following technologies on your daily routine? If yes please also indicate how often you use it.

		Everyday	Often	At least once a week	At least once a month	Just once or sometimes	Never
Devices	Desktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have Internet and wireless access at home? Please put an X.

Internet	<input type="checkbox"/> Tel. line	<input type="checkbox"/> Cable	<input type="checkbox"/> Satellite	<input type="checkbox"/> Mobile	<input type="checkbox"/> Other	<input type="checkbox"/> No
Wireless access	<input type="checkbox"/> Full house coverage		<input type="checkbox"/> Partial house coverage		<input type="checkbox"/> No	

B. DIGITAL SKILLS

COMPETENCE AREAS		YES	NO
INFORMATION			
1.	I can look for information online using a search engine.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I know not all online information is reliable.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I can save or store files or content (e.g. text, pictures, music, videos, web pages) and retrieve them once saved or stored	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION			
4.	I can communicate with others using mobile phone, Voice over IP (e.g. Skype) e-mail or chat – using basic features (e.g. voice messaging, SMS, send and receive e-mails, text exchange)	<input type="checkbox"/>	<input type="checkbox"/>
5.	I can share files and content using simple tools	<input type="checkbox"/>	<input type="checkbox"/>
6.	I know I can use digital technologies to interact with services (as governments, banks, hospitals).	<input type="checkbox"/>	<input type="checkbox"/>
7.	I am aware of social networking sites and online collaboration tools.	<input type="checkbox"/>	<input type="checkbox"/>
8.	I am aware that when using digital tools, certain communication rules apply (e.g. when commenting, sharing personal information)	<input type="checkbox"/>	<input type="checkbox"/>
CONTENT CREATION			
9.	I can produce simple digital content (e.g. text, tables, images, audio files) in at least one format using digital tools.	<input type="checkbox"/>	<input type="checkbox"/>
10.	I can make basic editing to content produced by others.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I know that content can be covered by copyright.	<input type="checkbox"/>	<input type="checkbox"/>

12.	I can apply and modify simple functions and settings of software and applications that I use (e.g. change default settings).	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY			
13.	I can take basic steps to protect my devices (e.g. using anti-viruses and passwords)	<input type="checkbox"/>	<input type="checkbox"/>
14.	I am aware that my credentials (username and password) can be stolen	<input type="checkbox"/>	<input type="checkbox"/>
15.	I know I should not reveal private information online	<input type="checkbox"/>	<input type="checkbox"/>
16.	I know that using digital technology too extensively can affect my health.	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM SOLVING			
17.	I can find support and assistance when a technical problem occurs or when using a new device, program or application.	<input type="checkbox"/>	<input type="checkbox"/>
18.	I know how to solve some routine problems (e.g. close program, re-start computer, re-install/update program, check internet connection).	<input type="checkbox"/>	<input type="checkbox"/>
19.	I know that digital tools can help me in solving problems. I am also aware that they have their limitations.	<input type="checkbox"/>	<input type="checkbox"/>
20.	When confronted with a technological or non-technological problem, I can use the digital tools I know to solve it.	<input type="checkbox"/>	<input type="checkbox"/>