Supporting Information

The Survey Form for AAL Platform/Systems Usage

Real-world Usage of Ambient Assisted Living Platforms/Systems

(*Please fill this form and email to:* Mukhtiar Memon (mume@iha.dk), Stefan Wagner (sw@iha.dk).

Part A: Project/Program/System Profile:

This part provides a brief introduction of the ambient-assisted living platform/system/solution.

Name of the System/ Platform/ Project:_____

Duration: _____

Funded-by:_____

Contact Person: _____

Email: _____

Telephone: _____

Any other information about the project:_____

_____

Should we publish the name of your project/solution in our findings/analysis?

☐ YES   ☐ NO (Keep in Confidential)

Part B: Platform/System Usage Information:

This part provides the usage information of AAL system/platform/solution.

Number of **Systems** deployed:_____

Number of **End-users** using system: _____

Number of **Staff-users** using system: _____

Homes deployed: _____

Medical Devices Supported:_____

Standards Supported: _____

Operating System supported: _____

Programming Languages Supported: _____

Service Model used**:**_____

Cost per System/User: _____

Any other information about usage of the system: _____

_____