

## Apple Users Survey

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Building/Apt Number \_\_\_\_\_

Best time to call \_\_\_\_\_

Circle one:

What do you need help with? **Apple iPhone, iPad, Mac, Other Apple Device**

What do you want to learn to do? **Use Contacts, Email, Messages, Other**

**Yes No** Do you want to know how to use the Clock features?

**Yes No** Do you know what the Heart icon does?

**Yes No** Do you want to learn how to use the Camera?

**Yes No** Do you know how to use Maps?

**Yes No** Do you know how to use Messages (texting)?

**Yes No** Do you know how to use Notes?

List devices/apps/processes you wish to learn:

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**Yes No** Are you willing to offer Apple support to other residents?

Please return survey to: Lois Moore, MT115, or Pat Gabor, PV109.