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SECTION 1: Personal Information and general questions:										
1) GENDER	Male Female Prefer not to say									
2) AGE										
3) EDUCATION	N 🗆 Und	lergraduate 🗆 Po	ostgraduate							
Year of study of	on your prograr	n 🗆 1 st year	$\Box 2^{nd}$ year $\Box 3^{r}$	^d year $\Box 4^{th}$ year						
4) Country of	origin									
🗆 United King	□ United Kingdom □ Pakistan □ other (please specify)									
City		·								
5) Do you pra	ctice any faith	or follow any religio	n?							
□ Yes	🗆 No									
If yes which religion do you practice?										
Christian (a	all faith)	Islam	Buddhism	Other						
6) Are you cur	rrently a wheel	chair user?								
□ Yes	🗆 No									
If Yes, for how	long have you	been using the whe	elchair?	·						
7) Have you e	ver used a whe	elchair for yourself	?							
□ Yes □ No										
If Yes, how long did you use the wheelchair for? How many years ago did you use wheelchair?										
How many yea	ars ago did you	use wheelchair?	·							
	-	heelchair user?								
Yes	□ No									
If Yes, for how long have you been helping the wheelchair user										
9) Do you have a family member, relative or friend who uses a wheelchair?										
Yes	□ No									

Section 1: About the Individual



10) Without thinking too much about it, which of following words would you use to describe an '**INDIVIDUAL**' that uses this product?

	1	2	3	4	5	6	7	
Old								Young
Adult								Child
Beautiful								Ugly
Unsociable								Sociable
Approachable								Unapproachable
Able								Disabled
Independent								Dependent
Helpful								Unhelpful
Immobile								Mobile
Stylish								Unstylish
Нарру								Unhappy
Shy								Confident
Polite								Impolite
Attractive								Repulsive
Similar								Different
Incompetent								Proficient

Section 2: About the product



11) For each set of words, please tick the number which seems the closest to how you feel about this '**PRODUCT**'?

	1	2	3	4	5	6	7	
Weak								Strong
Complicated								Simple
Expensive								Inexpensive
Outdated								Modern
Difficult to use								Easy to use
Light								Heavy
Dynamic								Static
Desirable								Undesirable
Compact								Bulky
Effective								Ineffective
Small								Large
Beautiful								Disgusting
Standard								Customised
Stylish								Unstylish
Negative								Positive
Including								Excluding

Section 3: Personal evaluation



12) Using the following headings, indicate the individual for which you think this product is best suited?

Gender _____ Age _____ Physical ability _ impaired _ disabled _ patients _____ Elderly_ any other _____

13) Please consider your reaction to using this product on a scale from 1 to 5, where 1 is unhappy and 5 is happy:

If you were to use this product in front of family, relatives or friends?										
Unhappy	1	2	3	4	5	Нарру				
If you were to use this product in an office environment?										
Unhappy	1	2	3	4	5	Нарру				
If you were to use this product in a public space such as a shopping centre, concert hall etc.?										
Unhappy	1	2	3	4	5	Нарру				

Further Information: If you would like us to keep in contact with you, to share overall results, please fill in your email address: ______.