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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: ______.