

BUILT ENVIRONMENT



INFORMED CONSENT

Welcome to the Built Environment Research Project

Please read the information provided below carefully. If you have any questions or concerns at this point or in the future, please feel free to contact:

The Built Environment Research Team
Center for Inclusive Design and Environmental Access
School of Architecture and Planning
The State University of New York at Buffalo
3435 Main Street, 378 Hayes Hall
Buffalo, NY 14214

Email: ap-idea@buffalo.edu
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If you have any questions about your rights as a participant in this study, you may also contact:

Social and Behavioral Sciences Institutional Review Board
The State University of New York at Buffalo
516 Capen Hall, North Campus
Buffalo, NY 14260

Email: sbsirb@research.buffalo.edu
Telephone: +1 (716) 645-6474

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research is to gain an understanding of the built environment's influences on adults' ability to perform routine activities. For the purposes of this study, the built environment refers to human-made surroundings that provide settings for human activity.

WHAT WILL I NEED TO DO AS A PARTICIPANT?

You will be asked to participate in anonymous surveys that ask about routine activities that commonly occur in three built environments: public buildings, public streets and residential environments. The surveys should each take approximately 10-20 minutes to complete.

WHAT ARE THE RISKS AND BENEFITS TO ME?

The risks associated with participation in this study are minimal. A small risk to you is that some of the questions may make you feel uncomfortable. If this occurs, you may skip the question and continue

with the survey. To protect our participants, we have limited the information that we ask you to provide so you cannot be identified.

There may not be a direct benefit to you personally for participating in this study. However, the information you provide in the surveys will enable design professionals to create environments that are easier for everyone to use. In addition, by participating you will be eligible for random drawings to win cash prizes.

ARE MY ANSWERS CONFIDENTIAL?

This study is completely anonymous and your confidentiality will be maintained at all times.

WHAT IF I DON'T WANT TO PARTICIPATE?

Your participation in this study is completely voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.

You will not be required to answer every question and you can discontinue any survey at any time by simply closing your browser.

PARTICIPANT'S STATEMENT OF INFORMED CONSENT:

If you agree with the following statement and wish to participate in the study, please check "I agree" below. If you do not agree, stop here.

"I am at least 18 years of age, have read and understand the explanation provided to me and voluntarily agree to participate in this study."

I agree

Username

To participate in this study's online surveys and message board discussions, you will be required to provide a username and password. Only your username will be visible when you participate in the message board discussions in order to ensure that your message board postings remain anonymous. In addition, this will allow us to analyze the survey responses more thoroughly.

You will also be asked to register an e-mail address (or telephone number if you do not have an e-mail address) solely for the purpose of notifying you if you are randomly selected to be one of our cash prize winners.

PLEASE PRINT all of your answers.

- 1) **Give us a username that will be easy for you to remember but doesn't reveal your identity.**

- 2) **Give us a password that will be easy for you to remember (for example, the year you were born or your mother's maiden name).**

- 3) **Would you like to receive the results of this research study as they become available?**
 Yes
 No
- 4) **Can we contact you to participate in other research studies?**
 Yes
 No
- 5) **Give us your e-mail address (or telephone number) so we can notify you in the event that you win one of the random drawings for a cash prize.**

Thank you for agreeing to participate in the Built Environment Research Project.



This study is being conducted by the Center for Inclusive Design and Environmental Access (IDEA) through the Rehabilitation Engineering Research Center on Universal Design and the Built Environment (RERC-UD) with funding provided by the National Institute on Disability and Rehabilitation Research (NIDRR).

BUILT ENVIRONMENT



TELL US ABOUT YOURSELF

INSTRUCTIONS: Sign in with the username and password that you gave when you provided Informed Consent.

A1) What is your username?

A2) What is your password?

To help us analyze the responses we get to the study's surveys, we need some general information from you.

INSTRUCTIONS: Mark the circle that represents your answer to each question.

A3) What is your SEX?

- Male
- Female

A4) What is your AGE?

- | | |
|-----------------------------|----------------------------------|
| <input type="radio"/> 18-19 | <input type="radio"/> 55-59 |
| <input type="radio"/> 20-24 | <input type="radio"/> 60-64 |
| <input type="radio"/> 25-29 | <input type="radio"/> 65-69 |
| <input type="radio"/> 30-34 | <input type="radio"/> 70-74 |
| <input type="radio"/> 35-39 | <input type="radio"/> 75-79 |
| <input type="radio"/> 40-44 | <input type="radio"/> 80-84 |
| <input type="radio"/> 45-49 | <input type="radio"/> 85 or over |
| <input type="radio"/> 50-54 | |

A5) What is your ANNUAL HOUSEHOLD INCOME from all sources (in US dollars)?

- | | |
|--|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$75,000-\$99,999 |
| <input type="radio"/> \$10,000-\$14,999 | <input type="radio"/> \$100,000-\$149,999 |
| <input type="radio"/> \$15,000-\$24,999 | <input type="radio"/> \$150,000-\$199,999 |
| <input type="radio"/> \$25,000-\$34,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000-\$49,999 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> \$50,000-\$74,999 | <input type="radio"/> I don't know |

A6) How would you best define the TYPE OF HOUSING where you currently live?

- One family house
 - Two family house
 - Apartment
 - Condo
 - Mobile home
 - Row house/ Townhouse
 - Other (please specify)
-

A7) For us to get a general impression of the area where you live, enter your POSTAL ZIP CODE.

To allow us to analyze the survey responses more thoroughly, we need information about any conditions you may have that affect your ability to perform routine activities.

These conditions could be due to a permanent circumstance (for example: blindness), temporary injury or circumstance (for example: a broken leg, pregnancy), or simply a commonly occurring situation (for example: carrying groceries).

INSTRUCTIONS: Mark the circle that represents your answer to each question.

How often do the following conditions affect your ability to perform routine activities?

	Always	Sometimes	Never
A8) MOBILITY OF YOUR ARMS/HANDS (for example: reaching, gripping, touching, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9) MOBILITY OF YOUR LEGS/FEET (for example: walking, climbing stairs, running, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A10) MOBILITY OF YOUR BACK/NECK (for example: bending, twisting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A11) HEARING (for example: hearing loss, ringing in the ears, sensitivity to sound, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A12) SIGHT (for example: astigmatism, cataracts, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A13) MENTAL and/or COGNITIVE (for example: cerebral palsy, dyslexia, obsessive compulsive disorder, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A14) OTHER (for example: height extremes, weight extremes, respiratory problems, speech, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A15) If you answered "always" or "sometimes" to any of the conditions listed above, please describe why.

A16) If you answered "always" or "sometimes" to any of the conditions listed above, please describe any assistance and/or assistive devices you require.

A17) Which condition MOST affects your ability to perform routine activities?

- Mobility of Arms/Hands
- Mobility of Legs/Feet
- Mobility of Back/Neck
- Sight
- Hearing
- Mental and/or Cognitive
- Other
- None

A18) If you would like to explain your answer, please do so here.

Please rate how each environment effects your ability to perform routine activities. (1 = being the most problematic and 3 = being the least problematic environment)

- Public Buildings
- Public Streets
- Residential Environments

Thank you for providing information that will help us analyze the responses we get from the study's surveys. We would like you to tell us about the activities that are a problem for you in three specific environments. Complete the survey on the environment that typically causes the most problems for you first; complete the survey on the environment that typically causes the fewest problems for you last.



This study is being conducted by the Center for Inclusive Design and Environmental Access (IDEA) through the Rehabilitation Engineering Research Center on Universal Design and the Built Environment (RERC-UD) with funding provided by the National Institute on Disability and Rehabilitation Research (NIDRR).

BUILT ENVIRONMENT



A SURVEY ON PROBLEMATIC ACTIVITIES IN PUBLIC BUILDINGS

This survey examines the built environment's influence on routine activities in most Public Buildings. First you will be asked to print the username that you gave when you provided Informed Consent. Then you will be asked to tell us about the activities that are a problem for you in most Public Buildings.

INSTRUCTIONS: Print the username and password that you gave when you provided Informed Consent.

B1) What is your username?

B2) What is your password?

INSTRUCTIONS: We would like you to tell us about your typical experiences in most Public Buildings. Mark the circle that best represents your answer to each question. If you have never performed the activity do not answer the question.

How often do you have a problem performing the following OUTDOOR activities?

Always Sometimes Never

B3) USING DROP OFF AND PICK UP AREAS (for example: detecting their locations, getting to them, getting into or out of vehicles, loading or unloading vehicles, etc.)

B4) USING PARKING AREAS (for example: detecting their locations, getting vehicles in or out of parking spaces, getting into or out of vehicles, etc.)

B5) USING PATHS OF TRAVEL TO ENTRANCES (for example: coping with level changes, moving on them comfortably and safely, etc.)

B6) USING OUTDOOR SEATING/RESTING AREAS (for

example: detecting their locations, getting to them, having enough space to use them, etc.)

B7) If you answered "always" or "sometimes" to any of the OUTDOOR activities, please describe why.

How often do you have a problem performing the following ENTRANCE activities?

Always Sometimes Never

B8) USING AUTOMATIC DOORS (for example: detecting their locations, getting to them, opening them, passing through them, etc.)

B9) USING MANUAL DOORS (for example: detecting their locations, getting to them, opening them, passing through them, closing them, etc.)

B10) If you answered "always" or "sometimes" to any of the ENTRANCE activities, please describe why.

How often do you have a problem performing the following INFORMATION RELATED activities?

Always Sometimes Never

B11) USING PUBLIC TELEPHONES (for example: detecting their locations, getting to them, having enough space to use them, paying for service, communicating with others, etc.)

B12) USING SIGNS (for example: detecting their locations, understanding them, etc.)

B13) USING MAPS (for example: detecting their locations, understanding them, etc.)

B14) If you answered "always" or "sometimes" to any of the INFORMATION RELATED activities, please describe why.

How often do you have a problem performing the following INTERIOR CIRCULATION activities?

Always Sometimes Never

B15) USING HALLWAYS (for example: moving through them comfortably and safely, coping with level changes, etc.)

B16) USING STAIRS (for example: detecting their locations, getting to them, going up/down them, using handrails, etc.)

B17) USING ESCALATORS (for example: detecting their locations, getting to them, going up/down them, using handrails, etc.)

B18) USING ELEVATORS (for example: detecting their locations, getting to them, detecting or using call buttons, reaching or using control panels, identifying floor stops, using handrails, etc.)

B19) If you answered "always" or "sometimes" to any of the INDOOR CIRCULATION activities, please describe why.

How often do you have a problem performing the following INDOOR activities?

Always Sometimes Never

B20) USING SEATING/WAITING AREAS (for example: detecting their locations, having enough space to use them, etc.)

B21) USING DRINKING FOUNTAINS (for example: detecting their locations, getting to them, having enough space to use them, getting water from them, etc.)

B22) If you answered "always" or "sometimes" to any of the INDOOR activities listed above, please describe why.

How often do you have a problem performing the following RETAIL activities?

Always Sometimes Never

B23) USING VENDING MACHINES (for example: detecting their locations, getting to them, having enough space to use them, paying for products, getting products from them, etc.)

B24) USING ATMs, TICKETING MACHINES OR OTHER ELECTRONIC TRANSACTION MACHINES (for example: detecting their locations, getting to them, having enough space to use them, making transactions on them, etc.)

B25) OBTAINING DISPLAYED PRODUCTS (for example: detecting them, getting to them, reaching them, retrieving them, etc.)

B26) OBTAINING INFORMATION OR ASSISTANCE FROM ANOTHER PERSON (for example: detecting their locations, getting to them, having enough space to interact with them, communicating with them, etc.)

B27) USING CHECKOUT COUNTERS (for example:

detecting their locations, getting to them, having enough space to use them, placing items on them, paying for products or services, etc.)

B28) If you answered "always" or "sometimes" to any of the RETAIL activities, please describe why.

How often do you have a problem performing the following PUBLIC RESTROOM activities?

Always Sometimes Never

B29) USING SINK AREAS (for example: having enough space to use them, using mirrors, using faucets, drying your hands, etc.)

B30) USING TOILETS (for example: getting to them, having enough space to use them, reaching toilet paper, reaching flush controls, etc.)

B31) USING URINALS (for example: getting to them, having enough space to use them, etc.)

B32) If you answered "always" or "sometimes" to any of the PUBLIC RESTROOM activities, please describe why.

B33) If you have any other problems USING PUBLIC BUILDINGS please list them below.

Thank you for participating in this survey on Problematic Activities in Public Buildings.



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BUILT ENVIRONMENT



A SURVEY ON PROBLEMATIC ACTIVITIES ON PUBLIC STREETS

This survey examines the built environment's influence on routine activities on Public Streets. First you will be asked to print the username and password that you gave when you provided Informed Consent. Then you will be asked to tell us about the activities that are a problem for you on most Public Streets.

INSTRUCTIONS: Print the username and password that you gave when you provided Informed Consent.

C1) What is your username?

C2) What is your password?

INSTRUCTIONS: We would like you to tell us about your typical experiences on most Public Streets. Mark the circle that best represents your answer to each question. If you have never performed the activity do not answer the question.

How often do you have a problem performing the following INTERSECTION activities?

Always Sometimes Never

C3) USING CURB RAMPS (for example: detecting their locations, traveling on their surfaces, etc.)

C4) USING PEDISTRIAN TRAFFIC SIGNALS (for example: detecting their locations, understanding them, having enough time to cross the street, etc.)

C5) USING STREET CROSSWALKS (for example: detecting their locations, traveling on their surfaces, etc.)

C6) If you answered "always" or "sometimes" to any of the INTERSECTION activities, please describe why.

How often do you have a problem performing the following SIDEWALK activities?

Always Sometimes Never

C7) DETECTING PUBLIC SIDEWALKS (for example: detecting their location, identifying their edges, etc.)



C8) TRAVELING ON PUBLIC SIDEWALKS (for example: moving on them comfortably and safely, etc.)



C9) If you answered "always" or "sometimes" to any of the SIDEWALK activities, please describe why.

How often do you have a problem performing the following OUTDOOR activities?

Always Sometimes Never

C10) USING PUBLIC SEATING/RESTING AREAS (for example: detecting their locations, getting to them, having enough space to use them, etc.)



C11) USING TRANSIT STOPS (for example: detecting their locations, understanding information at them, having enough space to use them, transferring to or from transit vehicles, etc.)



C12) USING PARKING AREAS (for example: detecting their locations, getting vehicles in or out of parking spaces, getting into or out of vehicles, etc.)



C13) If you answered "always" or "sometimes" to any of the OUTDOOR activities, please describe why.

How often do you have a problem performing the following INFORMATION RELATED activities?

Always Sometimes Never

C14) USING PUBLIC TELEPHONES (for example: detecting their locations, getting to them, having enough space to use them, paying for service, communicating with others, etc.)

C15) USING SIGNS (for example: detecting their locations, understanding them, etc.)

C16) USING MAPS (for example: detecting their locations, understanding them, etc.)

C17) If you answered "always" or "sometimes" to any of the INFORMATION RELATED activities, please describe why.

C18) If you have any other problems USING PUBLIC STREETS please describe them.

Thank you for participating in this survey on Problematic Activities on Public Streets.



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BUILT ENVIRONMENT



A SURVEY ON PROBLEMATIC ACTIVITIES IN RESIDENTIAL ENVIRONMENTS

This survey examines the built environment's influence on routine activities in Residential Environments. First you will be asked to print the username and password that you gave when you provided Informed Consent. Then you will be asked to tell us about the activities that are a problem for you in most Residential Environments.

INSTRUCTIONS: Print the username and password that you gave when you provided Informed Consent.

D1) What is your username?

D2) What is your password?

INSTRUCTIONS: We would like you to tell us about your typical experiences in most Residential Environments. Mark the circle that best represents your answer to each question. If you have never performed the activity do not answer the question.

How often do you have a problem performing the following OUTDOOR activities?

Always Sometimes Never

D3) USING PARKING AREAS (for example: detecting their locations, getting vehicles in or out of parking spaces, getting into or out of vehicles, etc.)

D4) USING PATHS OF TRAVEL TO ENTRANCES (for example: coping with level changes, moving on them comfortably and safely, etc.)

D5) USING ENTRANCES (for example: detecting their locations, getting to them, opening them, passing through them, closing them, etc.)

D6) If you answered "always" or "sometimes" to any of the OUTDOOR activities, please describe why.

How often do you have a problem performing the following INTERIOR CIRCULATION activities?

	Always	Sometimes	Never
D7) USING INTERIOR DOORS (for example: detecting their locations, getting to them, opening them, passing through them, closing them, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D8) USING HALLWAYS (for example: coping with level changes, moving on them comfortably and safely, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D9) USING STAIRS (for example: detecting their locations, getting to them, going up/down them, using handrails, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D10) If you answered "always" or "sometimes" to any of the INDOOR activities, please describe why.

How often do you have a problem performing the following KITCHEN activities?

	Always	Sometimes	Never
D11) USING COUNTERTOPS (for example: having enough space to use them, placing items onto or retrieving items from them, cleaning them, using sinks, faucets or outlets, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D12) USING CABINETS AND CUPBOARDS (for example: having enough space to use them, getting to them, storing items in them, retrieving items from them, etc.)

D13) USING APPLIANCES (for example: having enough space to use them, operating their controls, etc.)

D14) If you answered "always" or "sometimes" to any of the KITCHEN activities, please describe why.

How often do you have a problem performing the following BATHROOM activities?

Always

Sometimes

Never

D15) USING SINK AREAS (for example: having enough space to use them, using mirrors, using faucets or electric outlets, drying your hands, etc.)

D16) USING TOILETS (for example: having enough space to use them, getting on or off them, reaching toilet paper, reaching flush controls, etc.)

D17) USING BATHTUBS (for example: having enough space to use them, getting into or out of them, using faucets, etc.)

D18) USING SHOWERS (for example: having enough space to use them, getting into or out of them, using faucets or shower heads, etc.)

D19) If you answered "always" or "sometimes" to any of the BATHROOM activities, please describe why.

How often do you have a problem performing the following BEDROOM activities?

Always Sometimes Never

D20) USING BEDS (for example: having enough space to use them, getting into or out of them, etc.)

D21) USING CLOSETS (for example: having enough space to use them, getting to them, storing items in them, retrieving items from them, etc.)

D22) If you answered "always" or "sometimes" to any of the BEDROOM activities, please describe why.

How often do you have a problem performing the following MISCELLANEOUS activities?

Always Sometimes Never

D23) USING WASHERS OR DRYERS (for example: having enough space to use them, loading and unloading them, operating their controls, etc.)

D24) USING STORAGE AREAS (for example: having enough space to use them, getting to them, storing items in/on them, retrieving items from them, etc.)

D25) USING WINDOWS (for example: having enough space to use them, opening and closing them, etc.)

D26) USING ELECTRIC OUTLETS (for example: reaching them, having enough space to use them, etc.)

D27) USING LIGHTING FIXTURES (for example: locating the controls, operating the controls, etc.)

D28) If you answered "always" or "sometimes" to any of the MISCELLANEOUS activities, please describe why.

D29) If you have any other problems USING RESIDENTIAL ENVIRONMENTS please describe them.

Thank you for participating in this survey on Problematic Activities in Residential Environments.



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