Project P1 - Wheelchair Users Survey

Part A: Initial Interview

A1. Please check the age category you fall into
- □ <25
- □ 26-50
- □ 51-75
- □ >75

A2. Please check one:
- □ Female
- □ Male

A3. What type of wheelchair do you typically use during motor vehicle transport?
- □ Manual
- □ Power
- □ Scooter

A4. What are the make, model and approximate year of your wheeled mobility device?
Make: __________________ Model: ___________________ Year: ___________

A5. How often do you travel in the following vehicles?
Check all that apply:

<table>
<thead>
<tr>
<th></th>
<th>City bus</th>
<th>Para transit</th>
<th>Personal van</th>
<th>Personal car</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; once a month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A6. Do you transfer from your wheelchair seat into a vehicle seat when transported?
Check all that apply:

<table>
<thead>
<tr>
<th></th>
<th>City bus</th>
<th>Para transit</th>
<th>Personal van</th>
<th>Personal car</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never transfer</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

A7. Is your wheelchair secured while you are transported?
Check all that apply:

<table>
<thead>
<tr>
<th></th>
<th>City bus</th>
<th>Para transit</th>
<th>Personal van</th>
<th>Personal car</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC always secured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC sometimes secured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC never secured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A8. If your wheelchair is secured, what system is typically used?
- □ Belt-type system
- □ Pin-locking mechanism
A9. Where does the securement system attach to your wheelchair? Check all that apply and demonstrate. (Note taker: assess and write down securement strategy)
   □ To the wheelchair frame
   □ To securement points mounted on my frame
   □ To my footrests
   □ To my wheels
   □ Other: __________________________________________

Note: wheelchair is commonly secured properly (circle) yes  no

A10. When you travel do you use any form of seat belt?
    Check all that apply:

    |                          | City bus | Para transit | Personal van | Personal car |
    |--------------------------|----------|--------------|--------------|--------------|
    | Always use a seatbelt    |          |              |              |              |
    | Sometimes use a seatbelt |          |              |              |              |
    | Never use a seatbelt     |          |              |              |              |

The following section applies only to individuals that ride seated in a wheelchair on a city bus

A11. Do you typically need to ask the driver to help you secure your wheelchair?
    □ Yes, I need to ask for assistance
    □ No, driver typically asks if I need assistance
    □ I do not have my wheelchair secured
    □ I don’t know

A12. If you use a seat belt in the city bus, what type of belt is it?
    □ It is anchored to the vehicle
    □ It is anchored to the securement system
    □ It is anchored to my wheelchair
    □ I do not where a seat belt
    □ I don’t know

A13. Do you typically have to ask the driver to help you put on a safety belt?
    □ Yes, I need to ask for assistance because _____________________
    □ No, driver typically asks if I need assistance
    □ I don’t know

A14. How often do you feel **comfortable** riding the bus while seated in your wheelchair?
    □ Always
    □ Most of the time
    □ Some of the time
    □ Rarely
    □ Never

A15. If you did not answer “always”, why don’t you feel comfortable?
A16. How often do you feel safe riding the bus while seated in your wheelchair?
   □ Always
   □ Most of the time
   □ Some of the time
   □ Rarely
   □ Never

A17. If you did not answer “always”, why don’t you feel safe? Or what makes you feel unsafe?

A18. What type of assistance do you typically need when riding the bus? Check all that apply.
   □ Getting on/off the ramp/lift of a bus
   □ Maneuvering into/out of the wheelchair station
   □ Securing my wheelchair
   □ Putting on seat belts
   □ Signaling for my stop
   □ Transfer from/to wheelchair
   □ Other: ____________________________________

A19. Evaluate your transportation experience when using a city bus, by rating each of the following criteria on a scale from 1 to 10: (1= Very poor, 10= Excellent)

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Rating of my Typical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>My safety during stops</td>
<td></td>
</tr>
<tr>
<td>My safety during turns</td>
<td></td>
</tr>
<tr>
<td>My safety during vehicle accelerations</td>
<td></td>
</tr>
<tr>
<td>My overall safety during the bus ride</td>
<td></td>
</tr>
<tr>
<td>Quickness of use of the wheelchair station</td>
<td></td>
</tr>
<tr>
<td>Independent use of the wheelchair station</td>
<td></td>
</tr>
<tr>
<td>Comfort in the wheelchair station</td>
<td></td>
</tr>
<tr>
<td>Ease of use of the wheelchair station</td>
<td></td>
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</tbody>
</table>

A20. Describe the wheelchair passenger station you typically use on a bus:

A21. What do you like about this wheelchair passenger station?
A22. What do you dislike about the wheelchair passenger station you typically use?

__________________________________________________________________________

__________________________________________________________________________

A23. How would you improve the station?

__________________________________________________________________________

__________________________________________________________________________

Part B: In-Vehicle Post-Test

(Read script): You will use and evaluate three wheelchair securement systems in a city bus. You will be asked to enter the bus, maneuver into the station, and secure your wheelchair or have the driver secure your wheelchair. You will be asked to wear the safety belt that is mounted on the test wheelchair. Each wheelchair station will be demonstrated to you and you will be able to try out the wheelchair station before we go for a ride. During and after the test ride, you will be asked several questions about the wheelchair station you just used. You will test ride and answer questions for each of the three wheelchair securement stations. While using each station, please think about your feeling of safety and comfort during the ride, and ease of use of each wheelchair station.

B1. What do you like about the wheelchair station?
4-Point Tiedown: ____________________________________________________________

__________________________________________________________________________

Auto Docking: ____________________________________________________________

__________________________________________________________________________

Rear Facing: _______________________________________________________________

__________________________________________________________________________

B2. What do you dislike about the wheelchair station?
4-Point Tiedown: ____________________________________________________________

__________________________________________________________________________
B3. Evaluate the wheelchair station you just used on each of the following criteria on a scale from 1 to 10: (1 = Very poor, 10 = Excellent)

<table>
<thead>
<tr>
<th>Criterion</th>
<th>4-Point Tiedown</th>
<th>Auto Docking</th>
<th>Rear Facing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety during stops</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety during turns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety during vehicle accelerations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall safety during the ride</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quick use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent use</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Comfort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of use</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B4. How would you improve the wheelchair station?

4-Point Tiedown: _________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Auto Docking: _________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Rear Facing: _________________________________________________________
_____________________________________________________________________
(Read script): Now you have used all three stations, please answer the following questions. Give a brief reason with each answer.

B5. Which station did you like best? ___________________
Explanation: ________________________________


B6. Which station did you like least? ___________________
Explanation: ________________________________


B7. Which station felt most safe during braking and turning? ___________________
Explanation: ________________________________


B8. Which station felt least safe during braking and turning? ___________________
Explanation: ________________________________


B9. Which station was easiest to use to secure your wheelchair? ___________________
Explanation: ________________________________


B10. Which station was most difficult to use to secure your wheelchair?
Explanation: ________________________________


B11. Which station did you feel most comfortable with? ___________________
Explanation: ________________________________
B12. Which station did you feel least comfortable with? ________________________
Explanation: ________________________________

B13. Which station took most time to get into? __________________________
Explanation: ________________________________

B14. Which station took least time to get into? __________________________
Explanation: ________________________________

B15. In which station did you feel most independent? _______________________
Explanation: ________________________________

B16. In which station did you feel most dependent? _________________________
Explanation: ________________________________

B17. If your favorite wheelchair station were available on the buses you travel on, would this increase your use of city buses for transportation?
☐ Yes
☐ No
☐ Maybe
Please explain your answer: ________________________________

B18. If your favorite wheelchair station makes it safer and easier for wheelchair users to use the city bus, how much would you be willing to pay out of pocket to alter your wheelchair to fit the wheelchair station:
☐ Nothing
☐ <$100
☐ $100-250
B19. Finally, you tried out all three systems to secure your wheelchair, can you think of any other features that none of these stations have and that you think may be useful?

B20. Do you have any other suggestions or comments about anything else?

B21. Based on this study we will be making design recommendations and changes to the three systems. Would you be willing to participate in a focus group on this topic so that you can give us input on the changes we made?

☐ Yes  ☐ No

Thank you for your time.