

Salman Asghar

PhD Researcher

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SECTION 1: Personal Information and general questions:1) **GENDER** Male Female Prefer not to say2) **AGE** _____3) **EDUCATION** Undergraduate PostgraduateYear of study on your program 1st year 2nd year 3rd year 4th year4) **Country of origin** United Kingdom Pakistan other (please specify) _____.

City _____.

5) **Do you practice any faith or follow any religion?** Yes NoIf **yes** which religion do you practice? Christian (all faith) Islam Buddhism Other6) **Are you currently a wheelchair user?** Yes NoIf **Yes**, for how long have you been using the wheelchair? _____.7) **Have you ever used a wheelchair for yourself?** Yes NoIf **Yes**, how long did you use the wheelchair for? _____.

How many years ago did you use wheelchair? _____.

8) **Have you ever helped a wheelchair user?** Yes NoIf **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 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 Happy

If you were to use this product in an office environment?

Unhappy 1 2 3 4 5 Happy

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 Happy

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