**Consent**

Consent to Participate in a Research Study  
  
Project Title: Disability and Rehabilitation Research Projects (DRRP) Program: A Great Plains Regional ADA Network Services Initiative  
  
Principal Investigator/Researcher: Troy Balthazor / Bimal Balakrishnan  
IRB Reference Number: 2102246  
  
You are being invited to take part in a research project. You must be 18 years of age or older. Your participation is voluntary, and you may stop being in this study at any time. The purpose of this research project is to identify physical barriers to healthcare facilities. You are being asked to answer an online survey about your experiences regarding using a hospital facility in the past. Your participation should last up to 10 minutes. The information you provide will be kept confidential and only the research team will have access to.  
  
If you have questions about this study, you can contact the University of Missouri researcher at vernizd@missouri.edu.  
  
If you have questions about your rights as a research participant, please contact the University of Missouri Institutional Review Board (IRB) at 573-882-3181 or muresearchirb@missouri.edu.  
  
The IRB is a group of people who review research studies to make sure the rights and welfare of participants are protected. Please click HERE to save a copy of this consent.  
  
By clicking on the right yellow arrow you are consenting in participate in the research. We appreciate your consideration to participate in this study.

**1. PrePlanning**

The next series of questions ask about pre-planning for hospital visits. Please think about your visits to the hospital over the last two years.

1.1 Were you able to gather the information you needed from the hospital website or other sources to do any necessary preplanning? Please select one.

Yes

No

Not applicable

1.1.1 Were you able to gather the information you needed from the hospital website or other sources to do any necessary preplanning? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

1.3 Is there anything else about pre planning that you would like to tell us?

**2. Parking Lot**

The next series of questions ask about hospital parking lots. Please think about your visits to hospitals over the last two years.

2.1 How would you rate the location of accessible parking spot(s)? Please select one. Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

2.2 How would you rate the route to arrive at the accessible parking spot(s)? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

2.3 How would you rate the accessibility of curb ramps from the parking lot to the sidewalk? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

2.4 Would you like to explain more about any of the responses you have given above?

2.5 Is there anything else that you would like to add regarding the accessibility of the parking lot(s)?

3. **Exterior accessible route**

The next series of questions ask about the accessible routes at the exterior of the hospitals (the pathways into the buildings). Please think about your visits to hospitals over the last two years.

3.1 Please rate the location of the route between the parking lot and the building entrance. Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

3.2 Please rate the physical condition of the route between the parking lot and the building entrance. Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

3.3 Would you like to explain more about any of the responses you have given above?

3.4 Is there anything else that you would like to add, regarding the accessibility of exterior route between the parking lot and the hospital entrance?

**4. Building entrance**

The next series of questions ask about the building entrances. Please think about your visits to hospitals over the last two years. Please answer "Yes" or "No" to the following questions. If you don't know or don't have an answer, please answer "Not Applicable"

4.1 Were the main entrance(s) accessible? Please select one.

Yes

No

Not applicable

4.2 If the main entrance(s) was not accessible, was there an alternate accessible entrance available? Please select one.

Yes

No

Not applicable

4.3 Were there more than one accessible entrance(s)? Please select one.

Yes

No

Not applicable

4.4 Would you like to explain more about any of the responses you have given above?

4.5 Is there anything else that you would like to add regarding the accessibility entrance?

**5. Interior accessible route**

5.1 Once you entered the building, was the route from entrance to where you were going accessible? Please select one.

Yes

No

Not applicable

5.2 Did you have any issue(s) regarding accessibility of the interior routes of the facility? (i.e. lack or inappropriate ramp, handrails, floor type, obstructions, objects on your way). Please select one.

Yes

No

Not applicable

5.3 Would you like to explain more about any of the responses you have given above?

5.4 Is there anything else that you would like to add regarding the interior accessible route?

**6. Toilet**

The next series of questions asks about the accessibility of toilets. Please think about your visits to the hospital over the last two years. If you don't have an answer to them, you can choose "Not Applicable".

6.1 Did you use the bathroom facilities at the hospital? Please select one.

Yes

No

Not applicable

6.2 Did you encounter any problems with the accessible features of the bathroom facilities? (i.e. inappropriate seat, wrong height, problems with the handrail...). Please select one.

Yes

No

Not applicable

6.3 Would you like to explain more about any of the responses you have given above?

6.4 Is there anything else that you would like to add about the accessibility of the bathroom facilities?

**7. Other Building Features**

The next series of questions asks about the accessibility of other building features that were not covered previously. Please think about your visits to the hospital over the last two years. If you don't have an answer to them, you can choose "Not Applicable".

7.1 Did you use a ramp when entering or exiting the hospital? Please select one.

Yes

No

Not applicable

7.1.1 Please rate the accessibility of the ramp used to enter or exit the hospital. Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

7.2 Did you use interior ramps in the Facility? Please select one.

Yes

No

Not applicable

7.2.1 Please rate the accessibility of the interior ramp that you used. Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

7.3 Did you use an elevator? Please select one.

Yes

No

Not applicable

7.3.1 Please rate the accessibility of the elevator. Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

7.4 How would you rate the accessibility of the interior doors of the building? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

7.5 Did you find an accessible space to wait in the reception or waiting area? Please select one.

Yes

No

Not applicable

7.6 Did you find an accessible drinking fountain? Please select one.

Yes

No

Not applicable

7.6.1 How would you rate the accessibility of the interior doors of the building? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

7.7 Would you like to explain more about any of the responses you have given above?

7.8 Is there anything else you would like to add about the accessibility of other building interior features?

**8. Wayfinding**

The next series of questions asks about wayfinding signage, which are the signs that give the users directions to places (in the hospital). Please think about your visits to the hospital over the last two years.

8.1 Was there signage indicating accessible parking spot? Please select one.

Yes

No

Not applicable

8.1.1 How would you rate the signage indicating the accessible parking spot? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.2 Was there signage indicating the accessible entrance of the facility? Please select one.

Yes

No

Not applicable

8.2.1 How would you rate the signage indicating the accessible entrance of the facility? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.3 If you did identify accessible toilets, did you find the signs for the accessible toilet clear and easy to identify? Please select one.

Yes

No

Not applicable

8.3.1 How would you rate the signs for the accessible toilets? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.4 Was there signage indicating how to navigate the hospital? Please select one.

Yes

No

Not applicable

8.4.1 How would you rate the signage indicating how to navigate the hospital? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.5 Was there mounted signage? Please select one.

Yes

No

Not applicable

8.5.1 How would you rate the mounted signage? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.6 Was the signage easy to read? Please select one.

Yes

No

Not applicable

8.6.1 How would you rate how was the legibility of the signage? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.7 Did you find braille signage? Please select one.

Yes

No

Not applicable

8.7.1 How would you rate the braille signage? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

8.8 Would you like to explain more about any of the responses you have given above?

**9. Examination Room**

The next series of questions asks about your experience inside the examination room (in the hospital). Please think about your visits to the hospital over the last two years.  If you don't have an answer to them, you can choose "Not Applicable".

9.1 Were you able to move inside the examination room? Please select one.

Yes

No

Not applicable

9.1.1 How would you rate the experience of moving inside the examination room? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

9.2 Did you use an accessible scale? Please select one.

Yes

No

Not applicable

9.2.1 How would you rate the accessible scale? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

9.3 Did you use an accessible examination table? Please select one.

Yes

No

Not applicable

9.3.1 How would you rate the accessible examination table? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

9.4 Would you like to tell us anything else regarding the accessibility of the examination room?

**10. Communication**

The next question is related to the use of interpretive services while you were in the hospital. Please think about your visits to the hospital over the past two years.  If you don't have an answer to them, you can choose "Not Applicable".

10.1 Did you make use of interpretive services while you were in the hospital? Please select one.

Yes

No

Not applicable

10.1.1 How would you rate the quality of the interpretive services? Please select one.

Very poor

Poor

Somewhat poor

Neutral

Somewhat good

Good

Very good

10.2 Would you like to tell us anything else about the interpretive services that was available for you in the hospital?

**11. Demographics**

The first setting of questions asks about demographics. These are personal (but not identifiable) data that helps us to characterize the population that we are working with.

* 1. Age
  2. Gender. Please select one.

Female

Male

Transgender Female

Transgender Male

Gender Variant/Non Conforming

Other (please specify below)

Prefer not to answer

* + 1. Gender: Other, please specify below.
  1. Ethnicity. Please select all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment).

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

Black or African American (A person having origins in any of the black racial groups of Africa).

Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Portuguese or Spanish culture or origin, regardless of race).

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

* 1. Socioeconomic status: please select your household annual income. Please select one.

below $30,000

between $30,001 and $58,020

between $58,021 and $94,000

between $94,001 and $153,000

more than $153,000

* 1. Education level (please select the highest level that you complete).

Elementary School (5th grade)

Middle School (8th grade)

High School (12th grade)

Associates Degree

Bachelors Degree

Master's Degree

Ph.D.

**End of Survey**

We thank you for your time spent taking this survey.

Your response has been recorded.