

8. Did the flashing strobe lights cause you any discomfort or disorientation at any time? Yes No

If Yes, describe: _____

9. Based on your experience in this test, on a scale of 1 (Not Effective) to 5 (Very Effective) how would rate the effectiveness of the fire alarm strobe light system?

Not Effective					Effective
1	2	3	4	5	

10. In your opinion, are strobe lights are an effective method for alerting deaf or hearing impaired persons? Yes No

11. Comments (about strobes, this test, the surveys, etc.): _____

12. Do you wish to receive a summary report of the study? Yes No

THANK YOU FOR YOUR PARTICIPATION