

Name:

R.P. SCHIFILITI ASSOCIATES, INC. P.O. Box 297 Reading, Massachusetts 01867 - 0497 USA 781.944.9300 Fax / Data 781.942.7500 Telephone

PROJECT: 1213b: Direct Visual Signaling as a Means for Occupant Notification in Large Spaces

Age:

Participant # assigned for use in reports.

Participant Survey – Pre-Test

(To be completed after reading and signing the Participant Information Sheet & Consent Form.)

Address:		City:		ST:	_Zip:		
Contact Phone #: email:							
						Circle One	
1.	Have you participated in other tests of fire alarm strobe light effectiveness?					Yes	No
2.	Do you have a hearing impairment? (If No, skip to Question 3.)					Yes	No
	If you have a hearing impairment, has it been evaluated by trained medical personnel (doctor, audiologist, etc.)?					Yes	No
	In general, what is the severity of your hearing impairment:						
	Mild	Moderate	Severe	Total (Deaf)		
3.	Do you have a vision impairment? (If No, skip to Question 4.)					Yes	No
	If you have a vision impairment, has it been evaluated by trained medical personnel (doctor, optomologist, etc.)?					Yes	No
	In general, what is the severity of your vision impairment:						
	Mild	Moderate	Severe	Total (I	Blind)		
	Are you wearing corrective glasses or contact lenses?					Yes	No
4.	Do you have any form of epilepsy?					Yes	No
5.	. Have you ever had a seizure?					Yes	No