

Participant # assigned
 for use in reports.

Participant Survey – Pre-Test

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

Name: _____ Age: _____

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 (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