Survey Draft

**How would you rate Mensa’s accessibility?**

* Excellent
* Very Good
* Good
* Average
* Poor

**How satisfied are you with Mensa’s accessibility?**

* Very Satisfied
* Somewhat Satisfied
* Neither Satisfied nor Dissatisfied
* Somewhat Dissatisfied
* Very Dissatisfied

**How frequently do you frequent Mensa?**

* Very Frequently
* Frequently
* Occasionally
* Rarely
* Very Rarely
* Never

1. Get to know the person completing the survey (check what applies to you)
2. Do you use a regular or electric wheelchair?
3. Do you use a walker or crutch(es)?
4. Do you have impaired vision?
5. Do you have impaired hearing?
6. Do you use a cochlear implant?
7. How often do you visit building A (Every day, few times a week, once a week, few times a month, once a month, few times a semester, once every semester, never)
8. What time do you visit building A? Is there a reason for that? Describe
9. Would you like to go more often?
10. How do you travel to building A (bus, walk, bike, car, other)
11. Have you encountered barriers when accessing the building? If so describe the situation
12. Which of the situations listed below make it most difficult for you to navigate the area outside the building? Select 3 top choices (irregular pavement, ramp too steep, ramp is slippery, bumpy transition at top and/or bottom of a curb ramp, steps, crowd, lack of texture or colour contrast, fixed objects blocking the way)
13. Which of the following situations listed below make it most difficult to navigate the area around the building? (Not enough visible indications for persons with vision impairment, not enough audible indications for persons with hearing impairment)
14. Which of the situations listed below make it most difficult for you to navigate inside the building? Select 3 top choices (no lift where needed, steps, ramps too steep, ramp is slippery, bumpy transition at top and/or bottom of a curb ramp, crowd)
15. Which of the situations listed below make it most difficult for you to use the building services? Select 3 top choices (queues on stairs, packed spaces)
16. If you have specific problems getting around or inside Mensa building, or using some of its services, please tell us about the specific problem and location
17. Can you rate on a scale from 1 to 5 (1=very weak, 2=weak, 3=fair, 4=good, 5=excellent) the following factors: accessibility to area around the building, accessibility of ground floor, accessibility of first floor, accessibility of internal layout ease to move from ground to first floor, ease to use the Mensa service, accessibility of tables, accessibility of systems to dispose of wastes and return trays)
18. Have you ever been prevented from accomplishing your intended task at a building due to a barrier?
19. Have you ever been in a situation where knowing whether a building was accessible or not beforehand would have changed your plans?

NB: Physical barrier (ex: Couldn't get into the building due to the entrance, couldn't use the elevators, etc.)

NB: Cognitive barrier (ex: Didn't know where to go inside the building, couldn't find what I was looking for, no directions, etc.)

NB: Visual barrier (Ex: signage was low contrast, no braille, signage, etc.)

NB: others