Data & Analysis

Reports

You are currently making edits to this survey. Changes won't be live until you publish.

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Clinic Employee Survey: Big Otter Clinic Therapeutic Trail and Garden Design | O Desig

▼ Cover Letter Block Options ∨

Q1

Dear Participant,



This letter is a request for you to take part in a research project entitled Therapeutic Trails and Gardens to Improve Physical Activities and Clinical Outcomes for Communities in Clay County, West Virginia. This project is being conducted by Dr. Shan Jiang in the School of Design and Community Development at West Virginia University in collaboration with Dr. Christine Jones at the Community Care of West Virginia Big Otter Clinic.

If you decide to participate, you will be asked to take an online survey regarding users' preferences and opinions of a walking trail and various landscape features on the Big Otter Clinic site. Your participation in this survey will take approximately 10 minutes. You must be 18 years of age or older to participate.

Your involvement in this project will be kept as confidential as legally possible. All data will be reported in the aggregate. You will not be asked any questions that could lead back to your identity as a participant. Your participation is completely voluntary. You may skip any question that you do not wish to answer and you may discontinue at any time. Your name and email address will be collected only if you indicated an interest in participating in a follow-up focus group/workshop. However, your identifiable information will be stored separately from any data collected from the survey and will not be revealed in any phase of the project.

West Virginia University Institutional Review Board (IRB) acknowledges that the study is on file and the IRB protocol number is 2009127770. If you have any questions about this research project, please feel free to contact me at 304-293-5582 or by e-mail at shan.jiang@mail.wvu.edu If you have any questions about your rights as a research participant, please contact the WVU Office of Human Research Protection by phone at 304-293-7073 or by email at IRB@mail.wvu.edu.

I hope that you will participate in this research project, as it could help us better understand users' needs and preferences of various landscape features on the Big Otter Clinic site. Thank you for your time and consideration.

Sincerely,

Shan Jiang, PhD., Associate Professor of Landscape Architecture School of Design and Community Development West Virginia University

I agree and consent

O I decline

Page Break

		Vhat is your age? 18-24 years old
2		
		25-34 years old
	3 (35-44 years old
4		45-54 years old
		55-64 years old
		65-74 years old
		75 years or older
■02	١.٨	What is your gander?
Q3		Vhat is your gender?
₽ 1) Male
2		Female
3		Self-identified
4		Prefer not to say
Q4	Ρ	lease specify your ethnicity.
Ö 1) White
2	2	Hispanic or Latino
3	3	Black or African American
4		Native American or American Indian
5		Asian / Pacific Islander
6		Other
7	7	Prefer not to say
Q 5	V	What is the zip code of your home address?
Ö		
*		
iQ		
		Page Break
Q 6	V	What is your role with Big Otter Clinic? For example, physician, nurse, staff member, or please
₽	S	pecify:
*		
iQ		

							ter Clinic?				
47	1	O Less t	han 24 hoi	urs							
*		O 24-32									
		33-40									
		O 41-48									
		O More		ours							
Q 8		How muc	ch break	time do	you have dı	uring a typic	al work day	at Big O	tter Clinic?		
Ö	Less than 15 minutes										
•	2	O 15-30	minutes								
	3	O 31-45	minutes								
	4	Over 4	15 minutes	;							
Q9		How do y breaks.	ou usual	lly spen	d your break	time? Plea	se name a f	ew activi	ties you do	during	
Q.											
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Q12	What is your mode of transportation to Big Otter Clinic? 1 Private Vehicle 2 Public Transportation 3 Ride share (Taxi, Uber or Lyft) 4 Pick-up/drop-off by family/friend 5 Other
Q13 C	What aspects of the built environments of the Big Otter Clinic do you like the most?
Q14 COLUMN 100 100 100 100 100 100 100 100 100 10	What aspects of the built environments of the Big Otter Clinic can be improved?
Q15	Do you experience any challenges associated with the environmental design while working at Big Otter Clinic? You may list your top challenges in the text box accordingly. 1 Definitely yes 2 Occasionally 3 Might or might not 4 Probably not 5 Definitely not
	Page Break
Q16	How do you keep yourself active? Please name a few physical activities that you have in your daily routine, if possible.

Hiking Roaming into the woods Cycling Jogging or running Climbing How do you like the addi	additional activities/ev	0 0 0	0	somewhat	Dislike ve much
Cycling Jogging or running Climbing How do you like the addi	additional activities/ev	0		0	0
Jogging or running Climbing How do you like the addi Reading	additional activities/events	0	\circ	\circ	\circ
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How do you like the addi	additional activities/events	\circ	\circ	\circ	\circ
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	Like very	vents listed b	pelow?	2	1
J		Like somewhat	Neutral	Dislike somewhat	Dislike ve much
	0	0	0	0	0
Music and instruments		\circ	\circ	0	\circ
Yoga	0	\circ	\circ	\circ	\circ
Art and gallery		\circ	\circ	\circ	\circ
Gardening		\circ	\circ	\circ	\circ
Where is your favorite va					
Where is your favorite value of the control of the	or environments of Bi	e Break iig Otter Clini		scape features	
If to design the outdoor e	or environments of Bi	e Break – – – sig Otter Clini Like somewhat	ic, what land: Neutral	scape features Dislike somewhat	
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Q22	Would you like to participate in an online focus group/workshop to review the preliminary site design for Big Otter Clinic?						
❖	 Yes, I am interested in participating in the follow-up study. (Please leave your email address and we will contact you later.) No, I prefer not to be contacted regarding the follow-up study. 						
	Add Block						
A	End of Survey Survey Termination Option	S					

