Patient and Visitor Survey: Big Otter Clinic Therapeutic Trail



Cover Letter

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 email 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

- O I agree and consent
- O I decline

------ Page Break

Q2	
Wha	at is your age?
O 1	8-24 years old
O 2	5-34 years old
○ 3	5-44 years old
O 4	5-54 years old
O 5	5-64 years old
O 6	5-74 years old
O 7	5 years or older
Q3	
	at is your gender?
O N	Male
(F	emale
○ s	elf-identified
	refer not to say

Please specify your ethnicity.	
rtease specify your enfincity.	
○ White	
Hispanic or Latino	
O Black or African American	
Native American or American Indian	
Asian / Pacific Islander	
Other	
	.Ό.
Q5	.A.
What is the zip code of your home address?	

Q6	
How often do you visit Big Otter Clinic?	
I am a regular patient/visitor of the clinic	
Only when I need to see a doctor	
Emergency visit	
○ Never	
Page Break	
Q7	
Overall how do you like the built environments of Big Otter Clinic?	
○ Like very much	
○ Like a little	
○ Neutral	
O Dislike a little	
O Dislike very much	

Q8	Ģ.
What aspects of the built environments of the Big C most?	Otter Clinic do you like the
Q9	
What aspects of the built environments of the Big C improved?	•
Q10	
Q10 Do you experience any challenges when visiting Big your top challenges in the text box accordingly.	g Otter Clinic? You may list
Do you experience any challenges when visiting Big	g Otter Clinic? You may list
Do you experience any challenges when visiting Big your top challenges in the text box accordingly.	g Otter Clinic? You may list
Do you experience any challenges when visiting Big your top challenges in the text box accordingly. O Definitely yes	g Otter Clinic? You may list
Do you experience any challenges when visiting Big your top challenges in the text box accordingly. Occasionally	g Otter Clinic? You may list

How long do you usually wait before you are Clinic?	seen by a doctor at Big Otter
C Less than 5 minutes	
○ 5-10 minutes	
11-20 minutes	
O 21-30 minutes	
More than 30 minutes	
Q12	;Ġ;
How do you spend your waiting time? Please do while waiting for your appointment.	e name a few activities you typically

What is your mode o	f transportati	ion to Big Ott	er Clinic?		
Private Vehicle					
 Public Transportation 					
Ride share (Taxi, Uber or	Lyft)				
Orop-off/pick-up by famil	ly/friend				
Other					
		Dago Proak			
		rage bleak			
		Fage Dieak			
		Fage Dieak			:Ġ:
214					.Ģ.
Q14					:Ģ:
214	outdoor activ	vities listed b	elow? (Plea	ase rate ead	: ġ: ch activity.)
Q14 How do you like the	Outdoor activ	vities listed be	elow? (Plea	Dislike a	: ġ: ch activity.) Dislike very much
114 How do you like the o	Outdoor active Like very much	vities listed be	elow? (Plea	Dislike a	iģ. ch activity.) Dislike very much
Hiking Roaming into the woods	Like very much	vities listed be	elow? (Plea	Dislike a	: ġ: ch activity.) Dislike very much



How do you like the additional activities/events listed below? (Please rate each activity.)

	Like very much	Like a little	Neutral	Dislike a little	Dislike very much
Reading	0	0	0	0	0
Music and instruments	\circ	\circ	\circ	\circ	\circ
Yoga	\circ	\circ	\circ	\circ	\circ
Art and gallery	\circ	\circ	\circ	\circ	\circ
Gardening	0	\circ	\circ	\circ	\circ

Q16	:Ġ:
Where is your favorite vacation destination? And why do you like it?	

------ Page Break

	1	7
u	ш	. /



If to design the outdoor environments of Big Otter Clinic, what landscape features would you like to see?

	Like very much	Like a little	Neutral	Dislike a little	Dislike very much
Walking trail	\circ	0	0	0	0
Community garden	\circ	\circ	\circ	\circ	\bigcirc
Picnic seating	\circ	\circ	\circ	\circ	\circ
Playground	\circ	\circ	\circ	\circ	\bigcirc
Water features	\circ	\circ	\circ	\circ	\bigcirc
Gathering space	\circ	\circ	\circ	\circ	\circ

Q18



What suggestions would you like to provide regarding the design of the outdoor environments of Big Otter Clinic?

	Q19
	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 name and email address below. We will contact you later.)
	No, I prefer not to be contacted regarding the follow-up study.
•	Import from library Add new question
	Add Block
End of	Survey
	We thank you for your time spent taking this survey.
	Your response has been recorded.