

Introduction:

Thank you for taking the time to complete our questionnaire. This questionnaire is only 10 questions and will take between 2 and 5 minutes. We are looking for participants for a research study that will involve one or more interviews lasting approximately 90 minutes and the following questions will assist us in selecting those participants.

1. In regards to your occupation, do you consider yourself in the medical field or have you worked in the medical field previously?

a. ☐ Yes TERMINATE
b. ☐ No

Commented [1]: should we set a time of how long they're in the field, ex. more than 6 months experience?

2. Have you ever completed a questionnaire called the QEESI or Quick Environmental Exposure and Sensitivity Inventory?

a. ☐ Yes TERMINATE
b. ☐ No

3. Gender:

a. ☐ Male
b. ☐ Female
c. Other: _____

4. Age:

a. ☐ < 25
b. ☐ 25 - 35
c. ☐ 35 - 45
d. ☐ 45 - 55
e. ☐ 55 - 65
f. ☐ > 65

Commented [2]: I change this into
<25
26-35
36-45
46-55
56-65
>65

5. Ethnic origin: Please specify your ethnicity.

a. ☐ White
b. ☐ Hispanic or Latino
c. ☐ Black or African American
d. ☐ Native American or American Indian
e. ☐ Asian / Pacific Islander
f. ☐ Other

6. Employment Status: (Check all that apply)

- a. ☐ Full-Time Student
- b. ☐ Part-Time Student
- c. ☐ Full-Time Worker
- d. ☐ Part-Time Worker
- e. ☒ None of the above

Commented [3]: should we add a text area for them to fill if they choose none of the above?

7. The highest education level you have completed:

- a. ☐ Some High School
- b. ☐ Highschool Degree
- c. ☐ Technical Degree/Certificate
- d. ☐ Some College
- e. ☐ Associate Degree
- f. ☐ Undergraduate Degree
- g. ☐ Master's Degree
- h. ☒ Phd Degree

Commented [4]: I add a phd degree

8. Do you feel sick when you are exposed to tobacco smoke, certain fragrances, nail polish/remover, engine exhaust, gasoline, air fresheners, pesticides, paint/thinner, fresh tar/asphalt, cleaning supplies, new carpet or furnishings? (By sick we mean: headache, difficulty thinking, difficulty breathing, weakness, dizziness, upset stomach, etc.)

- a. ☐ Yes
- b. ☐ No

9. Are you unable to tolerate or do you have adverse or allergic reactions to any drugs or medications (such as antibiotics, anesthetics, pain relievers, X-ray contrast dye, vaccines or birth control pills), or to an implant, prosthesis, contraceptive chemical or device, or other medical/surgical/dental material or procedure?

- a. ☐ Yes
- b. ☐ No

10. Are you unable to tolerate or do you have adverse reactions to any foods such as dairy products, wheat, corn, eggs, caffeine, alcoholic beverages, or food additives (e.g. MSG, food dye)?

- a. ☐ Yes
- b. ☐ No

11. That's it! Thank you for completing our questionnaire! Please provide a contact email so that we can reach out to you in the case that you are selected for an interview.

a. Email: _____

Ken - Notes:

- App use? Tech savviness? Have you filled out an online questionnaire previously?
 - Do you have and use at least one "internet connected devices?"
- Doctor visits?
- Language variances? Is English your second language?
- Reading level?
- Restrict Doctor/Medical Science?
- Brief explanation of expectations.
- Previously taken QEESI.
- Follow up - In person? (Link up with Eric/Kramer)
 - Generative Research
 - Tasks writing
 - Prototyping?
- For anyone, anywhere, and interpreted correctly
- Have you been prescribed activities by a doctor? (PT, etc.)
- Friendly presentation and interpretation
 - Is this a learning tool or a communication tool?

Wei-Notes:

- Should we add accessibility / disability?
 - Blind, reading impaired, color blind...
- Have you ever made any life changes due to chemical sensitivity
- Test Tasks can be: a situation -> fill out the form -> interpret result
 - Ken: We could but I think we'll be able to assess outside of direct research with users (screening for standard accessibility guidelines).

Introduction:

- Process, timing, etc - Follow up with Eric/Kramer

(Questions 1 - 3 will ensure we test a varied pool of participants)

12. Gender:

- a. ☐ Male
- b. ☐ Female
- c. Other: _____

13. Age:

- a. ☐ < 25
- b. ☐ 25 - 35
- c. ☐ 35 - 45
- d. ☐ 45 - 55
- e. ☐ 55 - 65
- f. ☐ > 65

14. Ethnic origin: Please specify your ethnicity.

- a. ☐ White
- b. ☐ Hispanic or Latino
- c. ☐ Black or African American
- d. ☐ Native American or American Indian
- e. ☐ Asian / Pacific Islander
- f. ☐ Other

(Filter out anyone overly familiar with medical terminology)

15. Occupation:

- a. _____

(Likely to complete the questionnaire for a separate individual)

16. Number of Dependents:

- a. ☐ 1
- b. ☐ 2
- c. ☐ 3
- d. ☐ 4
- e. ☐ More than 4

(Are some users more familiar with charts?)

17. The highest education level you have completed:

- a. ☐ Some High School
- b. ☐ Highschool Degree
- c. ☐ Technical Degree/Certificate
- d. ☐ Some College
- e. ☐ Associate Degree
- f. ☐ Undergraduate Degree
- g. ☐ Master's Degree

(Questions 7 - 9 will reinforce the need for changes with stakeholders. Solidify that this research takes the proper population into account)

18. Do you feel sick when you are exposed to tobacco smoke, certain fragrances, nail polish/remover, engine exhaust, gasoline, air fresheners, pesticides, paint/thinner, fresh tar/asphalt, cleaning supplies, new carpet or furnishings? (By sick we mean: headache, difficulty thinking, difficulty breathing, weakness, dizziness, upset stomach, etc.)
- a. ☐ Yes
 - b. ☐ No
19. Are you unable to tolerate or do you have adverse or allergic reactions to any drugs or medications (such as antibiotics, anesthetics, pain relievers, X-ray contrast dye, vaccines or birth control pills), or to an implant, prosthesis, contraceptive chemical or device, or other medical/surgical/dental material or procedure?
- a. ☐ Yes
 - b. ☐ No
20. 12. Are you unable to tolerate or do you have adverse reactions to any foods such as dairy products, wheat, corn, eggs, caffeine, alcoholic beverages, or food additives (e.g., MSG, food dye)?
- a. ☐ Yes
 - b. ☐ No