

University of Wisconsin-Madison
Department of Biomedical Engineering

ACCESSIBLE ERGOMETER RESEARCH

-Pre-Experimental General Health Inquiry-

Thank you for your willingness to participate in this experiment. We request some background information about our research participants. All information provided here will be held strictly confidential and none of it will be used to identify you should reports, presentations, or publications result from the data. However, granting agencies and research journals often request summary statistics regarding age and other physical characteristics, ethnic background, and gender of research participants. Additionally, FDA regulations permit the FDA or University of Wisconsin Human Subjects Committee to examine certain records upon request to ensure compliance with applicable statutes. Thus, for reasons of privacy, **you may choose not to provide certain information.**

Study Number: _____

Date of birth: _____

Height: _____ Weight: _____ Gender: _____ If Female, are you pregnant? _____

Ethnic Background: Please choose from the list below: _____

1 = American Indian or Alaskan Native

2 = Asian or Pacific Islander

3 = Black, not Hispanic

4 = Hispanic

5 = White, not Hispanic

6 = Other or Unknown

General physical health: _____

Do you currently have any of the following ailments? (Check all that apply)*

_____ Blind

_____ Deaf

_____ Heart Failure

_____ Stroke

_____ Parkinson's disease

_____ Diabetes
(Type I or Type II)

_____ Low Vision

Other comments: _____

*This question is not required for you to answer, but if left blank, experiment results will be insignificant.

- Post Experimental Survey -

How do you rate the ability to enter the machine [on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate the ability to adjust the seat to your liking on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate the ability to adjust the resistance level of exercise to your liking on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate the ability to use the foot pedals to perform lower body workout on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate the ability to use the arm handles to perform upper body workout on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate the ability to read the control screen on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate your total exercise experience [on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How do you rate the ability to exit the machine on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

Did you find the seat assist helpful [yes or no]?

How do you rate your experience using our prototype today on a scale of 1-10, with 10 being the easiest and 1 being the hardest]?

How would you improve this device? _____

Other comments or questions?
