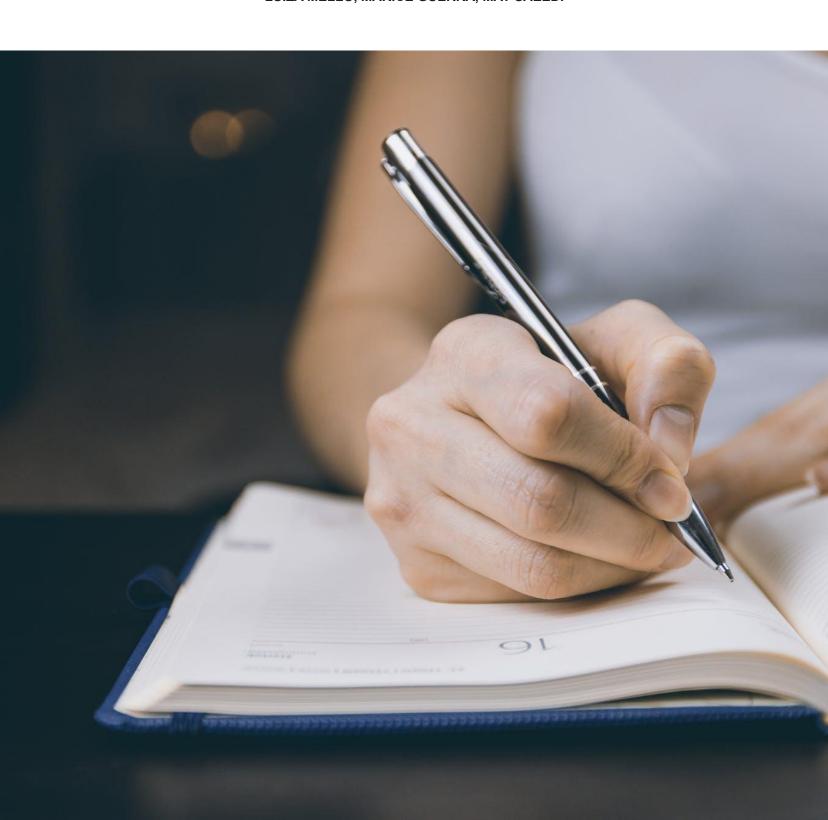
ASSIGNMENT 3 PART 1: SURVEY QUESTIONNAIRE

GROUP TWO: ASHLEY DIVITO, JESSICA GALDAMEZ, LUIZA MELLO, MARICE GUERRA, MAY SAEEDI



Central Question

What role does biophilic design play in fostering recovery and well-being in cancer patients and which interior design elements create the occurrence of nature to further meet the psychological and physical wants and needs of these patients?

Research Questions

- 1. How does lighting and color affect the healing process of patients?
- 2. What types of entertainment foster positive and sustainable interactions?
- 3. How will implementing environmental features in the built environment affect patients?
- 4. How does audio and visual privacy affect the patients?
- 5. How do forms and materials contribute to patient well-being?

Concepts

Biophilic Elements:

- Lighting and Color
- 2. Entertainment: Physical Activities | Music
- 3. Environmental Features
- 4. Audio and Visual Elements
- 5. Interior Finishes and Materials

Definitions

Lighting and Color

Lighting and color should consider the emotional and psychological factors that affect the healing process and well-being of patients. Lighting affects the color we see within a space. Color can evoke and create a sense of identity.

Entertainment

Entertainment within a healthcare facility will help comfort, welcome, and help with the perception of time (Boscherini. Giuseppe 2017) Entertainment can range from physical activities to listening to music while resting.

Environmental Features

The connection to Biophilic elements can help reduce stress, improve mood and self-esteem (Mazuch, 2017) Biophilia helps explain the human attraction to nature.

Audio and Visual Elements

Human senses do not work in isolation, in a healthcare facility positive audio and visual elements will assist patients is reducing distress, improve the healing process, and sleep patterns. Audio and visual elements range from partitions obstructing the view to sound systems incorporated for sound masking.

Interior Finishes and Materials

The proper selection of finishes and materials can improve the experience one has within the built environment. Interior finishes and materials range between the paint color on a wall to the furniture that occupies a space.

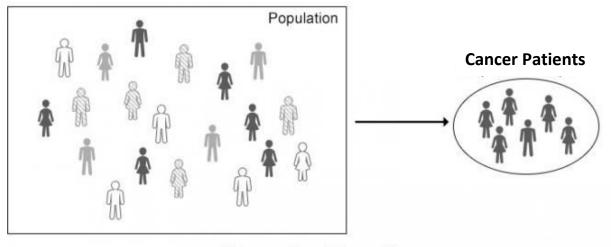
Operationalization Table

Operationalization Table								
THEORY	CONCEPT	Variable	Definition of Variable	Dimension	Indicator	Data Collection	Category of Data	
Biophilia	Lighting and Color	Healing Process	The process in which an individual makes progress or becomes healthy again.	Physiological	Postive/negative moods, Positive/negative behaviors,	Quantitative	Ordinal	
		Autonomy	Being in control of the amount and type of light available in a space.	Self-efficacy	Motivation to be active, Inclined to interact, Wanting to change their lighting conditions	Quantitative	Ordinal	
	Interior Finishes and Materials	Architectural finishes	Relationship between materials, finishes, and indoor air quality.	Behavioral	Visual comfort, Acoustical comfort, Repetition of materials,	Quantitative	Ordinal	
		Scale	The magnitude, extent or size of a space. in reference to human-beings.	Psychological	Emotions created by high ceilings, Emotions created by low ceilings, Response to large areas, Response to small areas,	Quantitative	Nominal	
		Shapes and Forms	Shapes and forms imply and define space; composed of masses.	External	Effect of columns, Effect of domes, Response to circulation, Attraction to patterns	Quantitative	Nominal	
	Biophilic Elements	Psychological	The study of the human mind and its functions, the effects in behavior it has in response to natures elements.	Restorative	Anxiousness, Feeling of vulnerability, Signs of stress, Inspired by surroundings, Relaxed, Calmed within environment	Quantitative	Nominal	

Operationalization Table

		Sensory engagement	The manner in which an individual utilizes their senses in reference to their environment	External	Sensitivity to light, Sensitivity to daylight, Sensitivity to smell, Sensitivity to hearing, Physical visibility, Physicall privacy, Audial privacy	Quantitative	Ordinal
		Attraction to nature	The need or want for an individual to be near, or within the natural environment.	Biophilia	Visual connectino to nature, Attraction to natural daylight, Attraction to natural landscapce, Attraction to sound of water streams/ leaves swaying	Quantitative	Nominal
Well-being	Privacy	Visual Privacy	Free of exposure relating to visual information from the public.	visual information from the		Quantitative	Nominal
		Audial Privacy	Free of exposure relating to audial information from the public.	Physical, mental, behavioral	Acoustical Panels, Noise absorbing Materials,	Quantitative	Ordinal
		Comfort	A state of physical or emotional ease and freedom within the built environment due to its surroundings.	Confidence	Positive/Negative mood, Sociability, Discomfort, Eagerness, Feeling of isolation,	Quantitative	Ordinal
	Entertainment	Physical Involvement	Learning new activities and engaging with other individuals.	Time perception	Access to interactive workshops, Working on solo projects such as a puzzle, Reading, Access to Yoga,	Quantitative	Nominal
		Meaningful Activity	Important, useful, purposeful, untagible value found in activities that can improve well-being.	Restorative	Sense of community, Communication, Emotional support, Restoring emotional energy, Spiritual connection	Quantitative	Nominal
		Recreational	Activity done for enjoyment when one is not working.	Positive Distractions	Degree of optimism, Access to group meetings,	Qualitative	Nominal

Purposive Sampling



Purposive Sampling

ì	DIVITO	GALDAMEZ.	CLIEDDA	MELLO	CAEEDI
	י טו זענט	GALDAMEZ,	GUEKKA,	MELLO,	SALEDI

Our sampling method is purposive as our audience is patients who are currently diagnosed with cancer or are in remission. Not only cancer patients attend the Hippocrates Health Institute nor Lennar Foundation Medical Center. Therefore, cancer patients need to be identified in both facilities.

Sampling Size

Pilot Questionnaire: 10 participants from Hippocrates Health Institute Final Questionnaire: 40 participants Hippocrates Health Institute

Pilot Questionnaire: 10 participants from Lennar Foundation Medical Center Final Questionnaire: 40 participants Lennar Foundation Medical Center

The sampling size is representative of Hippocrates Health Institute since the facility typically has 80 guests per week. Therefore, it is a very generous sampling of the entire population of cancer patients. In regards to Lennar Foundation Medical Center, thousands of patients and staff visit the facility each week, so a sampling of 40 is very small in regards to the entire population of cancer patients.

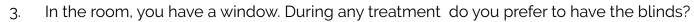
- 1. In this room what would you prefer to do? (Circle all that apply)
 - a. Sleep
 - b. Read
 - c. Write
 - d. Color
 - e. Watch TV
 - f. Be on your phone
 - g. Talk
 - h. Rest
 - i. None of the above. Other _____







- 2. How do the following images make you feel? (Circle all that apply)
 - a. Calm
 - b. Tired
 - c. Energized
 - d. Inspired
 - e. Welcomed
 - f. Anxious
 - g. Stressed
 - h. Happy
 - i. Sad
 - j. None of the above. Other ______



- a. Completely opened
- b. Slightly opened
- c. Half-way opened
- d. Completely closed
- e. It does not matter.
- f. None of the above. Other_____
- 4. During any treatment, do you prefer to have access to daylight?
 - a. Yes
 - b. Depends on my mood
 - c. Depends on the weather
 - d. No
 - e. It doesn't matter
 - f. None of the above. Other_____

5.	Durir	ng your treatment what activities would you be most interested in? (Circle all that apply)
J.	a.	Yoga with instructor
	b.	Working on a puzzle
	C.	Arts and craft workshops
	d.	Listening to music
	e.	Sleeping
	f.	Be alone
	g.	Read a book
	h.	Watch TV
	i.	None of the above. Other
6.	Durir	ng your treatment what do you find the most meaningful? (Circle all that apply)
	a.	Connecting with other patients
	b.	A sense of community
	C.	Being isolated
	d.	Speaking with counselors
	e.	Spending time with family
	f.	Being able to rest/sleep
	g.	Help or assist other patients
	h.	Personalized the space where you receive treatment
	i.	Documenting your journey
	j.	None of the above. other
7.	Wha	t brings you the most optimism during treatment? (Circle all that apply)
	a.	A spiritual connection
	b.	Interaction with different staff members
	C.	Specific staff members who you feel comfortable with
	d.	Group activities, classes, workshops, games
	e.	Connecting/ sharing with existing patients
	f.	Connecting/ sharing with previous patients
	g.	Being informed throughout the treatment
	h.	Access to internet/phone services to connect with others not in the facility
	i.	Accommodations for family and friends
	j.	None of the above. Other

- 8. During treatment what would you rather have in the room? (Circle all that apply)
 - a. Access to a window
 - b. No window
 - c. Art with natural landscapes
 - d. Abstract art
 - e. Animal related sculptures
 - f. Colorful decor
 - g. Listen to music
 - h. Listen to natural sounds (water stream, leaves swaying)
 - i. Having plants in the room
 - j. None of the above. Other_____
- 9. During treatment what are you most sensitive to? (Circle all that apply)
 - a. Specific smells such as flowers
 - b. Amount of light in your room
 - c. Hearing equipment
 - d. Heat
 - e. Dark rooms
 - f. Hearing other patients
 - g. Feeling alone/isolated
 - h. Visual access to your surroundings
 - i. Nothing
 - j. None of the above. other ______
- 10. How do the following images make you feel? (Circle all that apply)
 - a. Calm/relaxed
 - b. Energized/inspired
 - c. Happy
 - d. Welcomed
 - e. Exposed
 - f. Uncomfortable
 - g. Vulnerable
 - h. Anxious
 - i. Stressed
 - j. None of the above. other ______





What is the level of visual privacy	ou desire while rece	eiving treatments? (0	Circle best	choice)
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- a. Complete privacy/ private room/ alone
- b. Complete privacy/ private room/ space for family/friends
- c. Share room with one additional patient divided by half wall
- d. Share room with one additional patient divided by curtain
- e. Share room with one additional patient no visual privacy
- f. Share room with small group(4) of people
- g. Large room where only patients are allowed
- h. Large room where anyone is allowed
- i. Does not make a difference to me.
- j. None of the above. Other_____
- 12. How does hearing the surrounding sounds (cars, chatter, equipment) make you feel? (Circle all that apply)
 - a. Doesn't matter
 - b. Stressed
 - c. Uncomfortable
 - d. Invading their privacy
 - e. Nervous
 - f. Relaxed
 - g. Positive
 - h. Happy
 - i. Doesn't bother me.
 - j. None of the above. other ______
- 13. During treatment, you can hear your neighbor and they can hear you. How does that make you feel? (Circle all that apply)
 - a. Doesn't bother me
 - b. I love hearing my neighbor
 - c. Uncomfortable when speaking with staff/ over the phone
 - d. Happy, it means I'm not alone
 - e. Sad, they're not doing well
 - f. Embarrassed, I had a bad day
 - g. Excited to talk to them
 - h. Vulnerable
 - i. Comforting, we share experiences
 - j. None of the above. other ______

Hippocrates Health Institute

- 14. How do the size of the buildings compared to your height make you feel? (Circle all that apply)
 - a. Welcomed
 - b. Important
 - c. Enclosed
 - d. Claustrophobic
 - e. Impressive, leave you in awe
 - f. Interested
 - g. Uncomfortable
 - h. Insignificant
 - i. Does not matter/I don't care
 - j. None of the above. Other_____
- 15. How comfortable do you feel when you are in the following spaces? (1 not comfortable at all 5 very comfortable)









1 2 3 4 5
Not Comfortable Very Comfortable

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

16. Rate the following material samples in order of preference for rooms where you receive treatment.

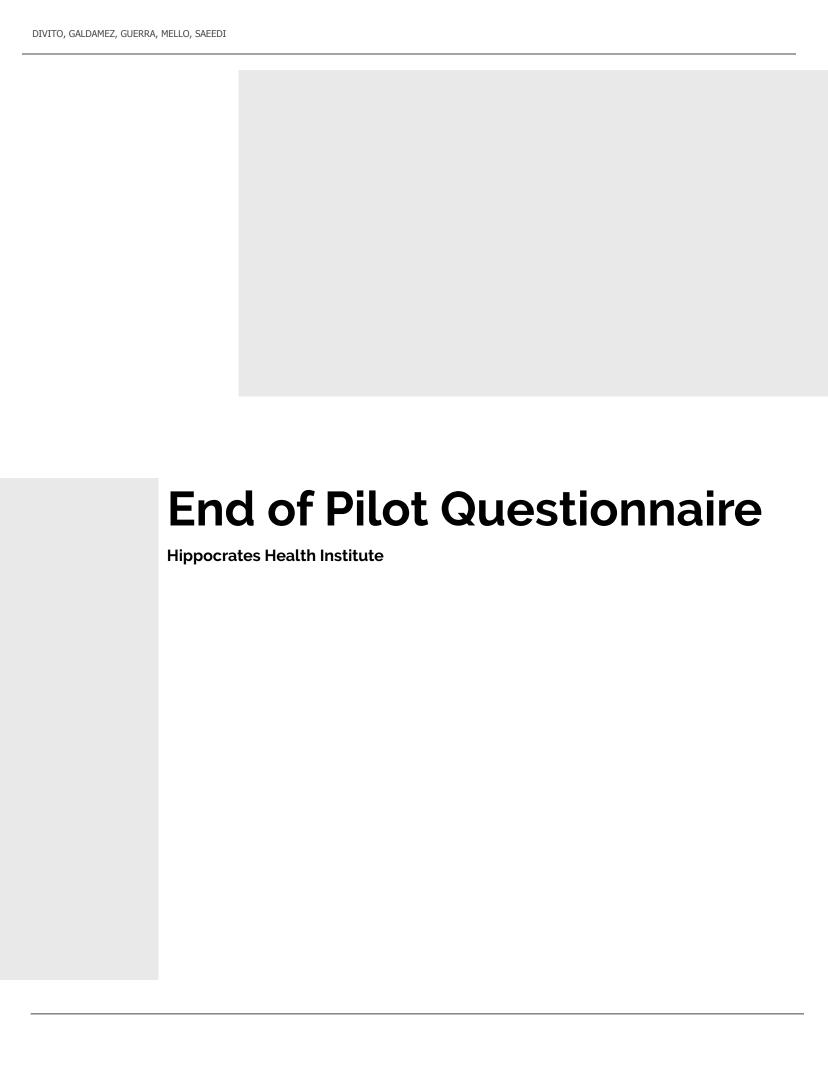
1 (Most Preferred) 2 (Prefered) 3 (Somewhat Prefered) 4 (Not Prefered)









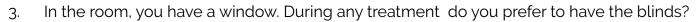


1.	In this room	what would v	ou prefer to do?	(Circle all that a	(vlaae

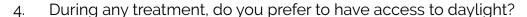
- a. Sleep
- b. Read
- c. Write
- d. Color
- e. Watch TV
- f. Be on your phone
- g. Talk
- h. Rest
- i. None of the above. Other ______



- a. Calm
- b. Tired
- c. Energized
- d. Inspired
- e. Welcomed
- f. Anxious
- g. Stressed
- h. Happy
- i. Sad
- j. None of the above. Other ______



- a. Completely opened
- b. Slightly opened
- c. Half-way opened
- d. Completely closed
- e. It does not matter.
- f. None of the above. Other_____



- a. Yes
- b. Depends on my mood
- c. Depends on the weather
- d. No
- e. It doesn't matter
- f. None of the above. Other_____





5.	Durir	ng your treatment what activities would you be most interested in? (Circle all that apply)				
Ū	a.	Yoga with instructor				
	b.	Working on a puzzle				
	C.	Arts and craft workshops				
	d.	Listening to music				
	e.	Sleeping				
	f.	Be alone				
	g.	Read a book				
	h.	Watch TV				
	i.	None of the above. Other				
6.	Durir	ng your treatment what do you find the most meaningful? (Circle all that apply)				
	a.	Connecting with other patients				
	b.	A sense of community				
	C.	Being isolated				
	d.	Speaking with counselors				
	e.	Spending time with family				
	f.	Being able to rest/sleep				
	g.	Help or assist other patients				
	h.	Personalized the space where you receive treatment				
	i.	Documenting your journey				
	j.	None of the above. other				
7.	Wha	t brings you the most optimism during treatment? (Circle all that apply)				
	a.	A spiritual connection				
	b.	Interaction with different staff members				
	C.	Specific staff members who you feel comfortable with				
	d.	Group activities, classes, workshops, games				
	e.	Connecting/ sharing with existing patients				
	f.	Connecting/ sharing with previous patients				
	g.	Being informed throughout the treatment				
	h.	Access to internet/phone services to connect with others not in the facility				
	i.	Accommodations for family and friends				
	j.	None of the above. Other				

- a. Access to a window
- b. No window
- c. Art with natural landscapes
- d. Abstract art
- e. Animal related sculptures
- f. Colorful decor
- g. Listen to music
- h. Listen to natural sounds (water stream, leaves swaying)
- i. Having plants in the room
- j. None of the above. Other______
- 9. During treatment what are you most sensitive to? (Circle all that apply)
 - a. Specific smells such as flowers
 - b. Amount of light in your room
 - c. Hearing equipment
 - d. Heat indoors
 - e. Dark rooms
 - f. Hearing other patients
 - g. Feeling alone/isolated
 - h. Visual access to your surroundings
 - i. Nothing
 - j. None of the above. other ______
- 10. How do the following images make you feel? (Circle all that apply)
 - a. Calm/relaxed
 - b. Energized/inspired
 - c. Happy
 - d. Welcomed
 - e. Exposed
 - f. Uncomfortable
 - g. Vulnerable
 - h. Anxious
 - i. Stressed
 - j. None of the above. other ______







What is the level of visual privacy	ou desire while rece	eiving treatments? (0	Circle best	choice)
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- a. Complete privacy/ private room/ alone
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- f. Share room with small group(4) of people
- g. Large room where only patients are allowed
- h. Large room where anyone is allowed
- i. Does not make a difference to me.
- j. None of the above. Other_____
- 12. How does hearing the surrounding sounds (cars, chatter, equipment) make you feel? (Circle all that apply)
 - a. Doesn't matter
 - b. Stressed
 - c. Uncomfortable
 - d. Invading their privacy
 - e. Nervous
 - f. Relaxed
 - g. Positive
 - h. Happy
 - i. Doesn't bother me.
 - j. None of the above. other ______
- 13. During treatment, you can hear your neighbor and they can hear you. How does that make you feel? (Circle all that apply)
 - a. Doesn't bother me
 - b. I love hearing my neighbor
 - c. Uncomfortable when speaking with staff/ over the phone
 - d. Happy, it means I'm not alone
 - e. Sad, they're not doing well
 - f. Embarrassed, I had a bad day
 - g. Excited to talk to them
 - h. Vulnerable
 - i. Comforting, we share experiences
 - j. None of the above. other ______

Lennar Foundation Medical Center

14.	How do the size of	the buildings com	pared to you	ır height make v	ou feel? (Circ	le all that apply)

- a. Welcomed
- b. Important
- c. Enclosed
- d. Claustrophobic
- e. Impressive, leave you in awe
- f. Interested
- g. Uncomfortable
- h. Insignificant
- i. Does not matter/I don't care
- j. None of the above. Other_____

15. Based on these images, on a scale from 1 to 10. How comfortable do you feel? (1 not comfortable at all - 10 very comfortable)









1 2 3 4 5 6 7 8 9 10

16. Rate the following material samples in order of preference for rooms where you receive treatment.

1 (Most Preferred) 2 (Prefered) 3 (Somewhat Prefered) 4 (Not Prefered)







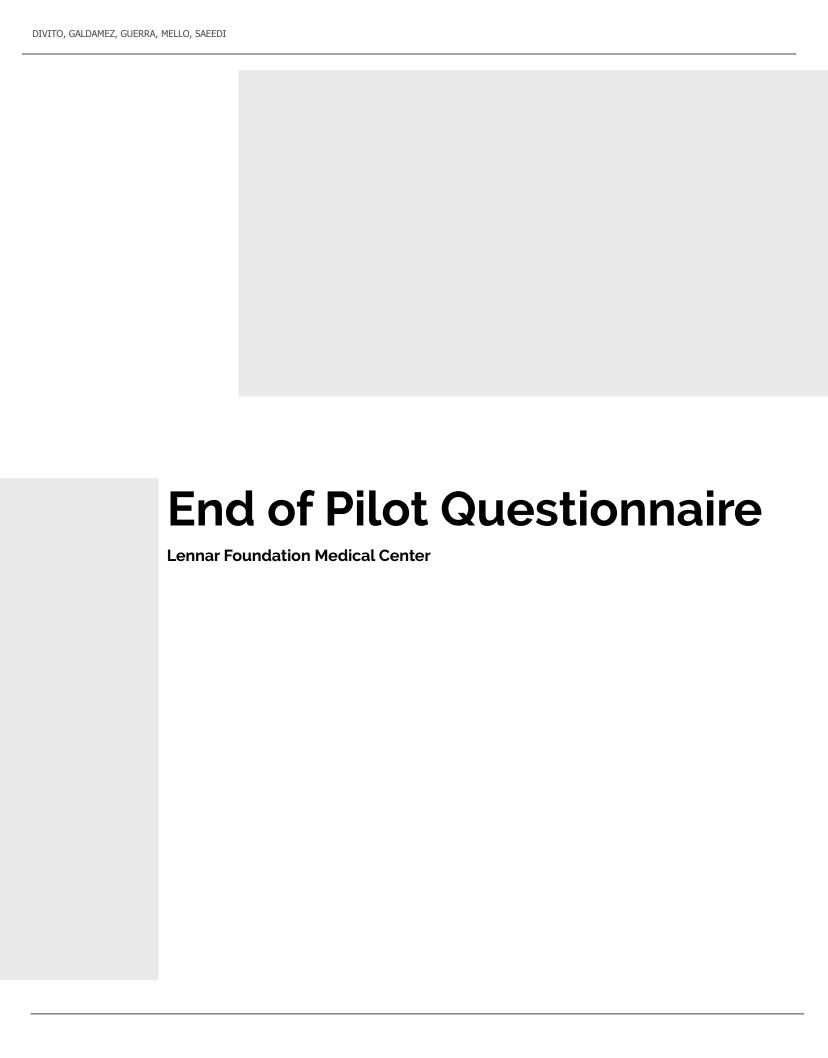


Questionnaire Discussion

Hippocrates Health Institute



The first thing that was observed was that individuals felt the questionnaire was too long. Although the questionnaire only consisted of 16 questions, the answers were relatively extensive. We reduced the wording to simpler forms and shortened answers that were equivalent to the existing responses. Several questions and responses targeted very similar areas, therefore the questions were combined. Some of the images presented in the questionnaire did not trigger the same emotion, therefore some responses were contradicting and not clear. We resolved this issue by separating the images to get a better understanding of the feeling that each image triggered. In order to get a more accurate representation in regards to the scale of spaces, images are now provided as most individuals answered they did not care. We were unsure if they genuinely did not care or if they did not realize the smaller scale in buildings. Lastly the participants had a higher interest in questions that included images, therefore those questions are going to be moved to create a more balance questionnaire and maintain their interest...



Questionnaire Discussion

Lennar Foundation Medical Center

We experience the same first reaction, individuals seemed to take a step back when noticing the questionnaire was four pages long. We also reduces the wording, and shortened answers. We also combined questions to reduce repetition and reduce the lack of interest from the participants. Some questions were combined. We experienced the same confusion when presenting more than one image of different spaces. The responses were unclear, we also separated those images in order to get a more accurate representation. Regarding the scale of spaces, for the Lennar Foundation Medical Center the same question seemed to trigger more accurate responses, individuals noticed the scale a lot more than the individuals in Hippocrates Health Institute. Just like in the first survey, questions with images were moved around to create a more balanced questionnaire and maintain the participants interest.



Hippocrates Health Institute

- 1. During any treatment, do you prefer to have access to daylight?
 - a. Yes
 - b. Depends on my mood
 - c. Depends on the weather
 - d. No
 - e. It doesn't matter
- 2. Based on these images, on a scale from 1 to 5. How comfortable do you feel? (1 not comfortable at all 5 very comfortable)





5





- 1 2

3

- 4
- 3. How does hearing the surrounding sounds (cars, chatter, equipment) make you feel? (Circle all that apply)
 - a. Doesn't matter
 - b. Stressed
 - c. Uncomfortable
 - d. Invading their privacy
 - e. Nervous
 - f. Relaxed
 - q. Happy
 - h. Doesn't bother me.
- 4. During your treatment what do you find the most meaningful? (Circle all that apply)
 - a. Yoga with instructor
 - b. A sense of community
 - c. Arts and craft workshops
 - d. Speaking with counselors
 - e. Spending time with family
 - f. Being able to rest/sleep
 - g. Working alone; reading, puzzle, watching tv, listening to music
 - h. Personalized the space where you receive treatment
 - i. Documenting your journey

- 5. What brings you the most optimism during treatment? (Circle all that apply)
 - a. Spiritual connection
 - b. Meeting new individuals
 - c. Staff members you feel comfortable with
 - d. Group activities, classes, workshops, games
 - e. Connecting with existing patients
 - f. Connecting with previous patients
 - g. Being informed throughout the treatment
 - h. Access to internet/phone services to connect with others not in the facility
 - i. Accommodations for family and friends
- 6. Rate the following material samples in order of preference for rooms where you receive treatment.

 1 (Most Preferred) 2(Prefered) 3(Somewhat Prefered) 4 (Not Prefered)









- 7. During treatment what would you rather have in the room? (Circle all that apply)
 - a. Access to a window
 - b. No window
 - c. Art with natural landscapes
 - d. Abstract art
 - e. Animal related sculptures
 - f. Colorful decor
 - g. Music playing
 - h. Natural sounds such as a (water stream, or leaves swaying
 - i. Having plants in the room

- 8. During treatment what are you most sensitive to? (Circle all that apply)
 - a. Specific smells such as flowers
 - b. Amount of light in your room
 - c. Hearing equipment beep
 - d. Being too hot/too cold
 - e. Dark rooms
 - f. Hearing other patients
 - g. Feeling alone/isolated
 - h. What you can see in your surroundings
 - i. Nothing
- 9. How do the following images make you feel? (Circle all that apply)
 - a. Calm/relaxed
 - b. Energized/inspired
 - c. Happy
 - d. Welcomed
 - e. Exposed
 - f. Uncomfortable
 - g. Vulnerable
 - h. Anxious
 - i. Stressed





- 10. How do the following images make you feel? (Circle all that apply)
 - a. Calm/relaxed
 - b. Energized/inspired
 - c. Happy
 - d. Welcomed
 - e. Exposed
 - f. Uncomfortable
 - g. Vulnerable
 - h. Anxious
 - i. Stressed





- 11. What is the level of visual privacy you desire while receiving treatments? (Circle best choice)
 - a. Complete privacy/ private room/ alone
 - b. Complete privacy/ private room/ space for family/friends
 - c. Share room with one additional patient divided by half wall
 - d. Share room with one additional patient divided by curtain
 - e. Share room with one additional patient no visual privacy
 - f. Share room with small group(4) of people
 - g. Large room where anyone is allowed
 - h. Does not make a difference to me.
- During treatment, you can hear your neighbor and they can hear you. How does that make you feel? (Circle all that apply)
 - a. Doesn't bother me
 - b. Uncomfortable when speaking with staff/ over the phone
 - c. Happy, it means I'm not alone
 - d. Sad, they're not doing well
 - e. Embarrassed, I had a bad day
 - f. Excited to talk to them
 - g. Vulnerable
 - h. Comforting, we share experiences
- 13. In this room, what would you prefer to do? (Circle all that apply)
 - a. Sleep
 - b. Read
 - c. Write
 - d. Color
 - e. Watch TV
 - f. Be on your phone
 - g. Talk
 - h. Rest









- 14. How does the ceiling height compared to your height make you feel? (Circle all that apply)
 - a. Welcomed
 - b. Important
 - c. Enclosed
 - d. Claustrophobic
 - e. Impressive, leave you in awe
 - f. Interested
 - g. Uncomfortable
 - h. Insignificant
 - i. Does not matter/I don't care

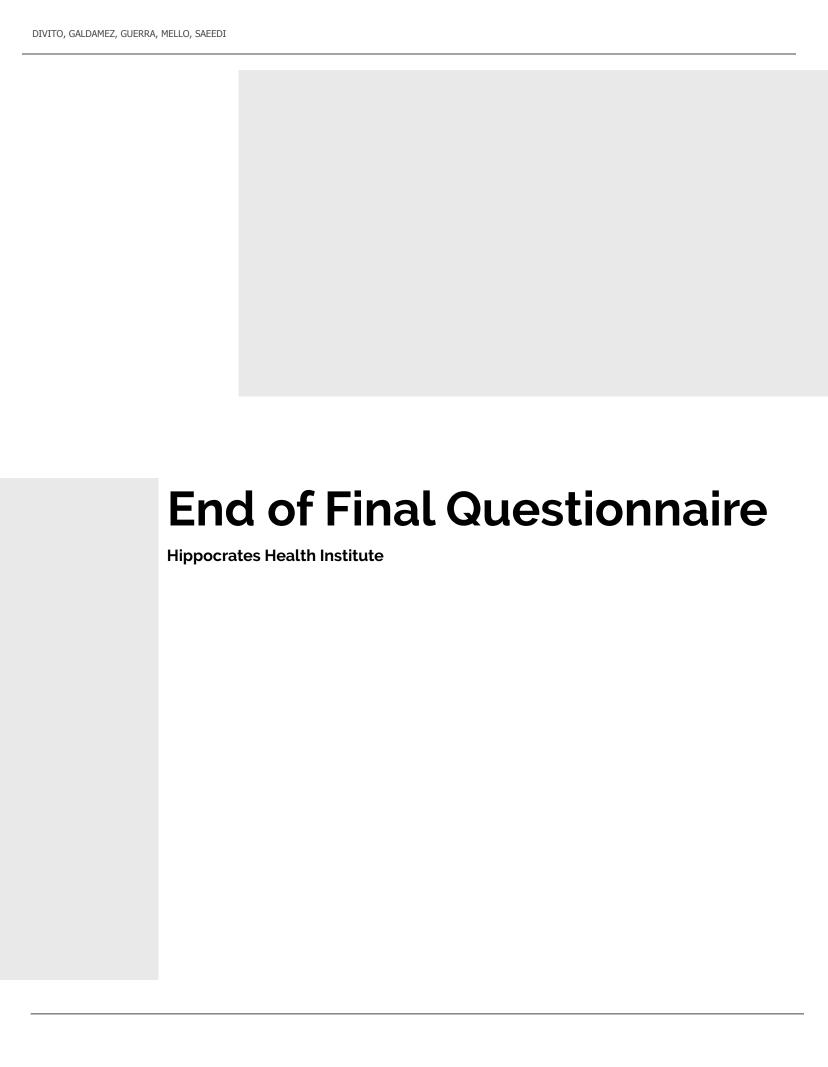




- 15. How do the following images make you feel? (Circle all that apply)
 - a. Calm
 - b. Tired
 - c. Energized
 - d. Inspired
 - e. Welcomed
 - f. Anxious
 - g. Stressed
 - h. Happy
 - i. Sad







- 1. During any treatment, do you prefer to have access to daylight?
 - a. Yes
 - b. Depends on my mood
 - c. Depends on the weather
 - d. No
 - e. It doesn't matter
- 2. Based on these images, on a scale from 1 to 5. How comfortable do you feel? (1 not comfortable at all 5 very comfortable)









- 1 2 3 4 5
- 3. How does hearing the surrounding sounds (cars, chatter, equipment) make you feel? (Circle all that apply)
 - a. Doesn't matter
 - b. Stressed
 - c. Uncomfortable
 - d. Invading their privacy
 - e. Nervous
 - f. Relaxed
 - g. Positive
 - h. Happy
 - i. Doesn't bother me.

Lennar Foundation Medical Center

- 4. During your treatment what do you find the most meaningful? (Circle all that apply)
 - a. Yoga with instructor
 - b. A sense of community
 - c. Arts and craft workshops
 - d. Speaking with counselors
 - e. Spending time with family
 - f. Being able to rest/sleep
 - g. Working alone; reading, puzzle, watching tv, listening to music
 - h. Personalized the space where you receive treatment
 - i. Documenting your journey

j.

- 6. What brings you the most optimism during treatment? (Circle all that apply)
 - a. Spiritual connection
 - b. Meeting new individuals
 - c. Staff members you feel comfortable with
 - d. Group activities, classes, workshops, games
 - e. Connecting with existing patients
 - f. Connecting with previous patients
 - g. Being informed throughout the treatment
 - h. Access to internet/phone services to connect with others not in the facility
 - i. Accommodations for family and friends
- 6. Rate the following material samples in order of preference for rooms where you receive treatment.

 1 (Most Preferred) 2(Prefered) 3(Somewhat Prefered) 4 (Not Prefered)









- 7. During treatment what would you rather have in the room? (Circle all that apply)
 - a. Access to a window
 - b. No window
 - c. Art with natural landscapes
 - d. Abstract art
 - e. Animal related sculptures
 - f. Colorful decor
 - g. Music playing
 - h. Natural sounds such as a (water stream, or leaves swaying
 - i. Having plants in the room
- 8. During treatment what are you most sensitive to? (Circle all that apply)
 - a. Specific smells such as flowers
 - b. Amount of light in your room
 - c. Hearing equipment
 - d. Heat indoors
 - e. Dark rooms
 - f. Hearing other patients
 - g. Feeling alone/isolated
 - h. Visual access to your surroundings
 - i. Nothing
- 9. How do the following images make you feel? (Circle all that apply)
 - a. Calm
 - b. Tired
 - c. Energized
 - d. Inspired
 - e. Welcomed
 - f. Anxious
 - g. Stressed
 - h. Happy
 - i. Sad



- 10. How do the following images make you feel? (Circle all that apply)
 - a. Calm/relaxed
 - b. Energized/inspired
 - c. Happy
 - d. Welcomed
 - e. Exposed
 - f. Uncomfortable
 - g. Vulnerable
 - h. Anxious
 - i. Stressed







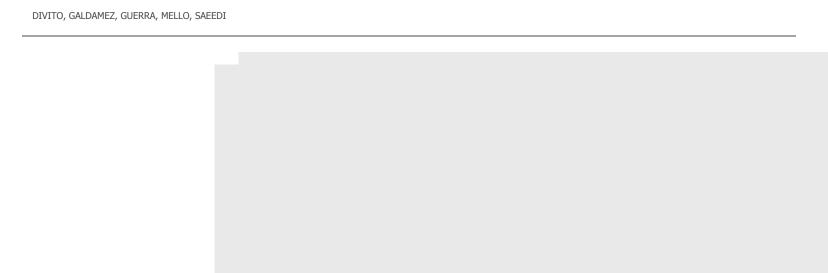
- 11. What is the level of visual privacy you desire while receiving treatments? (Circle best choice)
 - a. Complete privacy/ private room/ alone
 - b. Complete privacy/ private room/ space for family/friends
 - c. Share room with one additional patient divided by half wall
 - d. Share room with one additional patient divided by curtain
 - e. Share room with one additional patient no visual privacy
 - f. Share room with small group(4) of people
 - g. Large room where only patients are allowed
 - h. Large room where anyone is allowed
 - i. Does not make a difference to me.
- 12. During treatment, you can hear your neighbor and they can hear you. How does that make you feel? (Circle all that apply)
 - j. Doesn't bother me
 - k. I love hearing my neighbor
 - I. Uncomfortable when speaking with staff/ over the phone
 - m. Happy, it means I'm not alone
 - n. Sad, they're not doing well
 - o. Embarrassed, I had a bad day
 - p. Excited to talk to them
 - q. Vulnerable
 - r. Comforting, we share experiences

- 13. In this room what would you prefer to do? (Circle all that apply)
 - a. Sleep
 - b. Read
 - c. Write
 - d. Color
 - e. Watch TV
 - f. Be on your phone
 - g. Talk
 - h. Rest



- 14. How do the size of the buildings compared to your height make you feel? (Circle all that apply)
 - a. Welcomed
 - b. Important
 - c. Enclosed
 - d. Claustrophobic
 - e. Impressive, leave you in awe
 - f. Interested
 - g. Uncomfortable
 - h. Insignificant
 - i. Does not matter/I don't care
- 15. How do the following images make you feel? (Circle all that apply)
 - i. Calm
 - j. Tired
 - k. Energized
 - l. Inspired
 - m. Welcomed
 - n. Anxious
 - o. Stressed
 - p. Happy
 - q. Sad



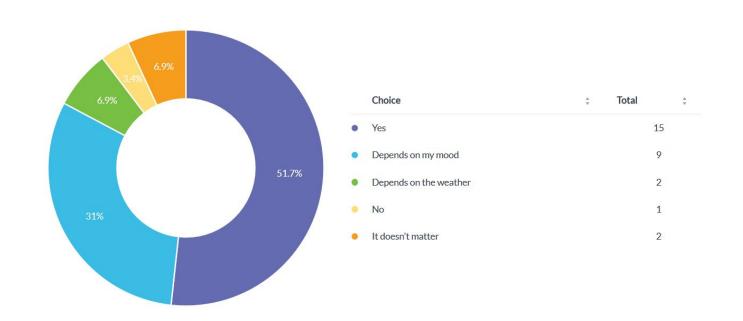


Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

Q1 During any treatment, do you prefer to have access to daylight?

Multiple Choice





Based on these images, on a scale from 1 to 5. How comfortable do you feel? (1 not comfortable at all - 5 very comfortable) Scale





Q2





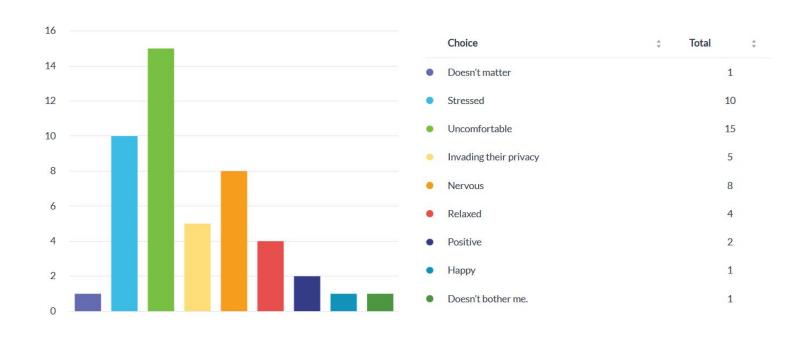


Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

Q3

Q4

How does hearing the surrounding sounds (cars, chatter, equipment) make you feel? (Circle all that apply) Multiple Choice



During your treatment what do you find the most meaningful? (Circle all that apply)

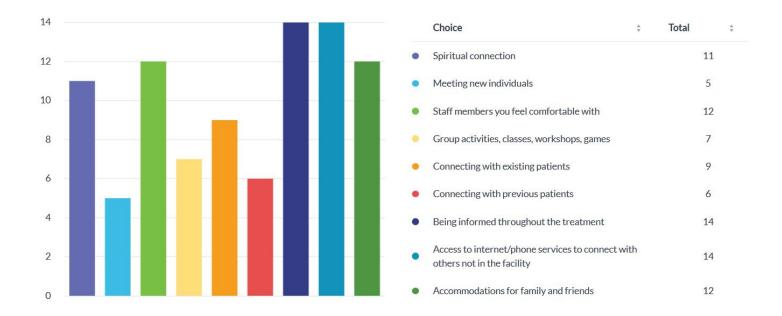
Multiple Choice



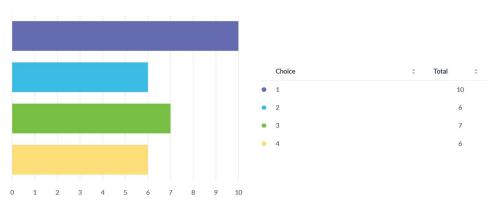
Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

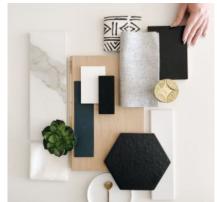
Q5

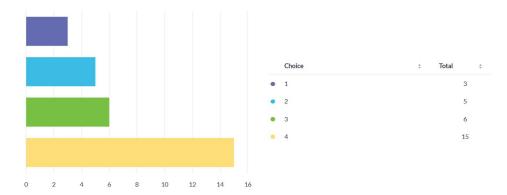
What brings you the most optimism during treatment? (Circle all that apply) Multiple Choice



Rate the following material samples in order of preference 1 (Most Preferred) 2 (Prefered) 3 (Somewhat Prefered) 4 (Not Prefered)) for Q6 rooms where you receive treatment







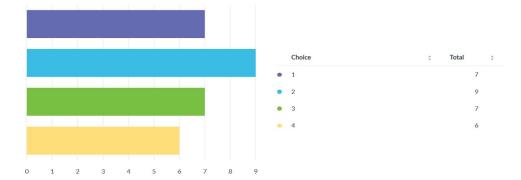


Q7

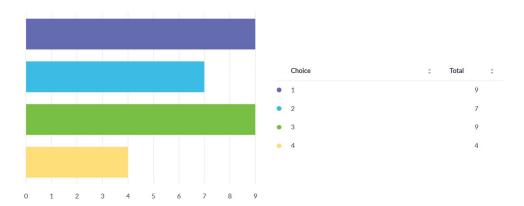
Final Questionnaire Data Collection

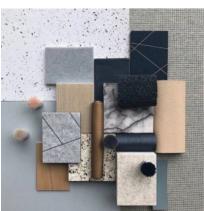
Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

Rate the following material samples in order of preference 1 (Most Preferred) 2(Prefered) 3(Somewhat Prefered) 4 (Not Prefered)) for rooms where you receive treatment



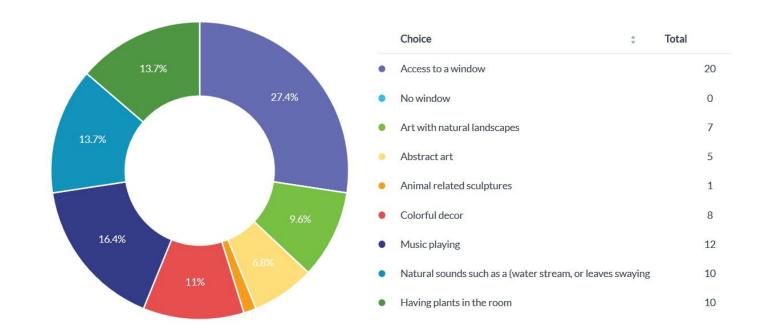






During treatment what would you rather have in the room? (Circle all that apply)

Multiple Choice



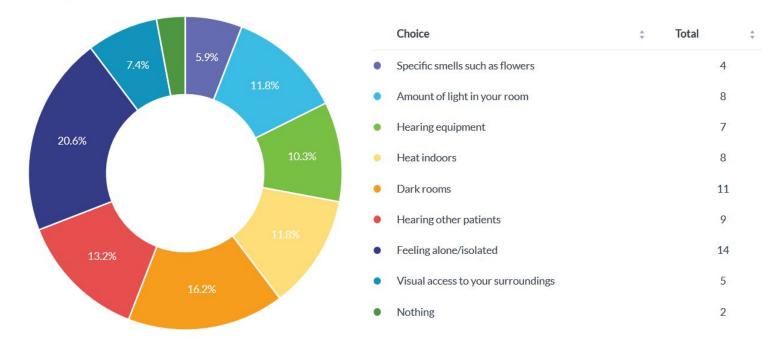
Q9

Final Questionnaire Data Collection

Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

Q8 During treatment what are you most sensitive to? (Circle all that apply)

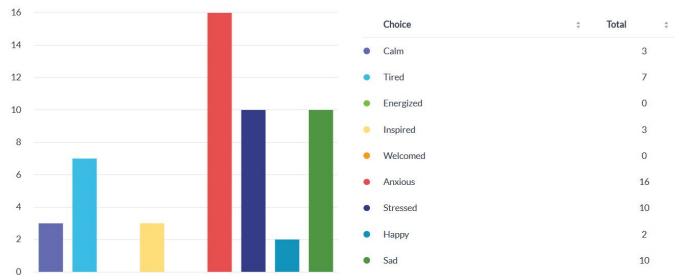
Multiple Choice



How do the following images make you feel? (Circle all that apply)

Multiple Choice

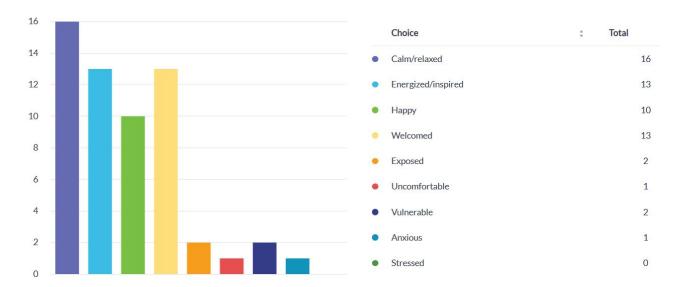




Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

Q10 How do the following images make you feel? (Circle all that apply)

Multiple Choice



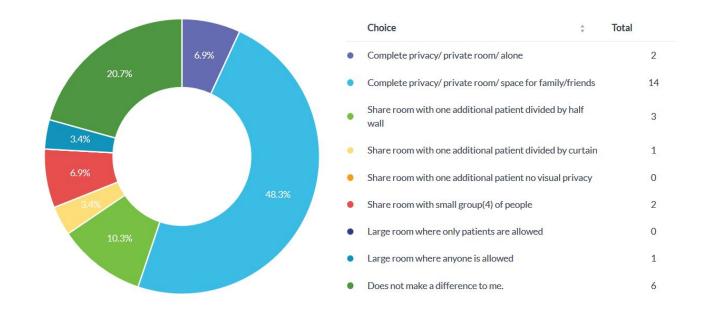






Q11

What is the level of visual privacy you desire while receiving treatments? (Circle best choice) Multiple Choice



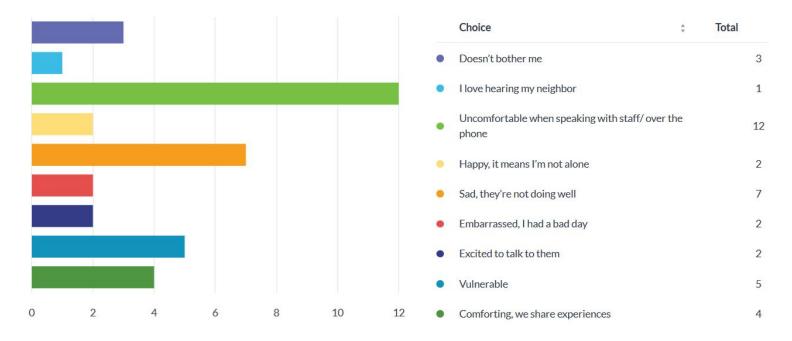
Q13

Final Questionnaire Data Collection

Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

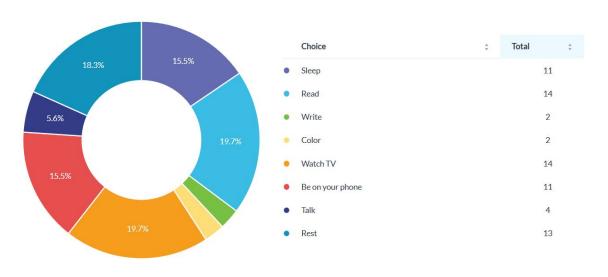
Ouring treatment, you can hear your neighbor and they can hear you. How does that make you feel? (Circle all that apply)

Multiple Choice



In this room what would you prefer to do? (Circle all that apply)

Multiple Choice

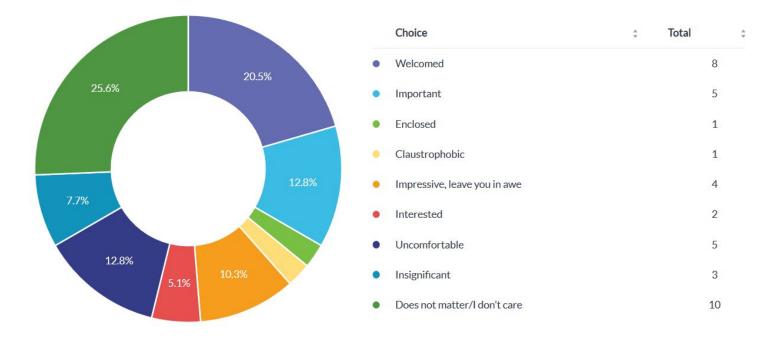




Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

How do the size of the buildings compared to your height make you feel? (Circle all that apply)

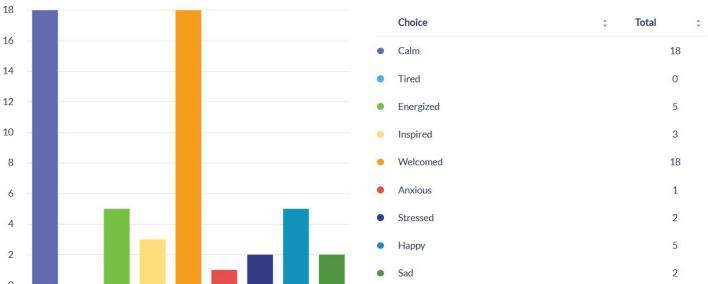
Multiple Choice

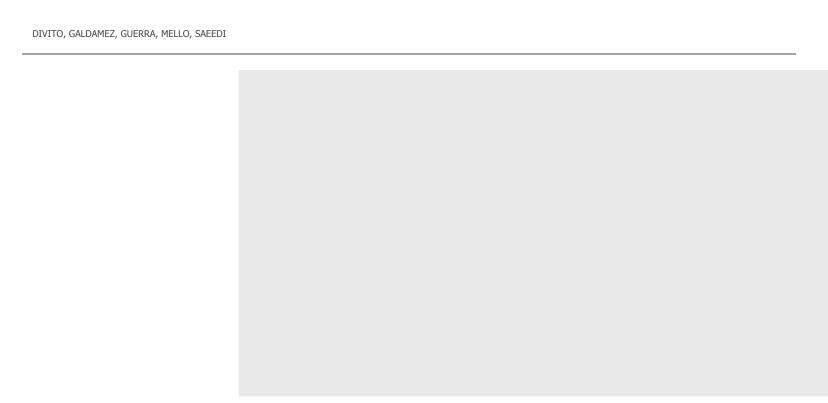


How do the following images make you feel? (Circle all that apply) Multiple Choice

Q15







Final Questionnaire Data Analysis

Lennar Foundation Medical Center (BASED ON 29 PARTICIPANTS)

Final Questionnaire Data Collection Analysis

Q1. Question 1 tries to answer