

Research on the actual number of people reporting the need to eliminate architectural and technical barriers in their environment

1. Have you used state funds granted for the elimination of architectural and technical barriers:

- ☐ Yes
- ☐ No

2. Do you have facilities adapting your apartment/house to your needs:

- | | |
|--|---|
| <input type="radio"/> Various handholds / grippers | <input type="radio"/> Extended door frames |
| <input type="radio"/> Adjusted bathrooms / toilets | <input type="radio"/> Hoists and lifting mechanisms |
| <input type="radio"/> Slip resistant flooring | <input type="radio"/> Different texture / colour floors |
| <input type="radio"/> Additional handrails along the walls | <input type="radio"/> Lifting equipment |
| <input type="radio"/> Adjusted thresholds for doors | <input type="radio"/> None of the above |
| <input type="radio"/> Ramps | <input type="radio"/> Other, what kind |

3. Which of the following facilities should be adapted to adjust your apartment/house to your needs and facilitate moving around:

- | | |
|--|---|
| <input type="radio"/> Various handholds / grippers | <input type="radio"/> Extended door frames |
| <input type="radio"/> Adjusted bathrooms / toilets | <input type="radio"/> Hoists and lifting mechanisms |
| <input type="radio"/> Slip resistant flooring | <input type="radio"/> Different texture / colour floors |
| <input type="radio"/> Additional handrails along the walls | <input type="radio"/> Lifting equipment |
| <input type="radio"/> Adjusted thresholds for doors | <input type="radio"/> None of the above |
| <input type="radio"/> Ramps | <input type="radio"/> Other, what kind |

4. Do you have a disability certificate:

- ☐ Yes
- ☐ No

5. If yes, the certificate refers to:

- ☐ significant disability
- ☐ moderate disability
- ☐ slight disability

6. Do you have a mobility limitation requiring to use the following while moving:

- ☐ wheelchair;
- ☐ crutch;
- ☐ walking frame
- ☐ other, what kind

7. Do you leave your apartment/house on your own:

- ☐ Yes
- ☐ No

8. If not, who helps you in moving around:

- ☐ family member
- ☐ social worker
- ☐ other people, who

9. Please indicate what mobility facilities you need to move in your immediate environment (neighbourhood) - outside your apartment/house:

- | | |
|--|--|
| <input type="radio"/> Slipways | <input type="radio"/> Additional handrails along the walls |
| <input type="radio"/> Driveways | <input type="radio"/> Extended door frames |
| <input type="radio"/> Ramps | <input type="radio"/> Different texture / colour pavements |
| <input type="radio"/> Lift | <input type="radio"/> Lifting equipment |
| <input type="radio"/> Benches in close proximity | <input type="radio"/> None of the above |
| <input type="radio"/> Various handholds / grippers | <input type="radio"/> Other, what kind |

10. The respondent's place of residence:

- ☐ Detached house
- ☐ Terraced house
- ☐ Apartment in a multi-family building (block of flats)
- ☐ Nursing home
- ☐ Other, what kind

11. The respondent's family situation:

- ☐ I live alone
- ☐ I live with my husband/wife
- ☐ I live with my husband/wife and children
- ☐ I live with my children
- ☐ I live with (my parents, sister, brother, extended family)*delete as appropriate
- ☐ Nursing home
- ☐ Other, what kind

12. Age range:

- ☐ 55-60
- ☐ 60-65
- ☐ 65-70
- ☐ 70-75
- ☐ 75-80
- ☐ 80-85
- ☐ 85 and older

13. Place of residence:

- ☐ village
- ☐ city up to 50 000 residents
- ☐ city up to 100 000 residents
- ☐ city up to 250 000 residents
- ☐ city over 250 000 residents

14. Gender:

- ☐ female
- ☐ male

Source: Authors' compilation