Face Shield Interview Guide

We want to know what your opinions for your face shield. Your opinions will help to guide what types of face shields we purchase and what we may build in partnership with Virginia Tech. These responses will help to guide our final design.

* Required

1. PiD *

[Blank space for input]
2. What is your job role?

3. How long have you been in this role?
4. Did you feel too hot when wearing the face shield? *

- Yes
- No

Other
5. How hot was your face shield *

|     | 1 | 2 | 3 | 4 | 5 | Extremely Hot |
|-----|---|---|---|---|---|---------------|
| Not at All | o | o | o | o | o |               |

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6. How comfortable was your face shield *

|   | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Not at All | O | O | O | O | O |
| Extremely Comfortable |   |   |   |   |   |
7. How safe did you feel wearing your face shield? *

|       | 1 | 2 | 3 | 4 | 5 | Very Much |
|-------|---|---|---|---|---|-----------|
| Not at All |   |   |   |   |   |           |
8. Did you experience any of the following?

- Difficult to clean
- Fogs up
- Glare
9. Did you experience any of the following?

☐ Poor visibility

☐ Snags hair
10. Any design issues?

☐ Breaks easily

☐ Easily scratches/creases

☐ Cannot wear correctly
11. Any design issues?

☐ Problematic with glasses

☐ Too big/small

☐ Too close to face
12. Any of these clinical issues?

☐ Difficulty moving my head

☐ Difficult to communicate

☐ Gets in the way of my task
13. Other Issues

- Anxiety, panic attacks, or claustrophobia
- Difficulty breathing
- Dizziness
14. Other Issues

☐ Headache/migraine

☐ Hurt your face

☐ Leaves marks on face
15. Other Issues

- Skin irritation
- Patient safety concerns
- Staff injury
16. About how many times did you take your face shield off during your shift? More or less than normal?
17. Tell us about your face shield experience