The Medicine Delivery Robot

Survey

1. Do you or someone you know have difficulties taking their medicine regularly?

Yes\_\_\_\_ No\_\_\_\_

1. How many times a day are you required to take medications?

\_\_\_\_\_\_

1. Do you or someone you know require assistance to take their daily medicine?

Yes\_\_\_\_ No\_\_\_\_

1. If you answered yes to question 3 what kind of assistance is required for them to take their medicine? (ie: Memory loss? Do they need a reminder?)

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1. If you had a home medicine delivery robot at your disposal, how important would each of these features be to you? (1 low importance - 5 high importance)

1: Battery Life 1 2 3 4 5

2: Mobility 1 2 3 4 5

3: Medicine Storage Capacity 1 2 3 4 5

4: Look Appeal 1 2 3 4 5

5: User Interface 1 2 3 4 5

6: Overall Size 1 2 3 4 5

1. Do you currently have space available to store the robot when it is not delivering medicine. (ie: an unused corner of a room)

Yes\_\_\_\_ No\_\_\_\_

1. What design features would you want to be included on the robot?

(1 low importance - 5 high importance)

1: Camera 1 2 3 4 5

2: Lights 1 2 3 4 5

3: Alarms 1 2 3 4 5

4: Interchangeable storage units 1 2 3 4 5

1. How much would you be willing to pay for a home medicine delivery robot? (Circle one)

$50-$100 ; $100-$200 ; $200-$300 ; $300-$400 ; $400 +