**USER EVALUATION OF A WEARABLE SENSOR GLOVE**

1: The wearable glove is comfortable to wear.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Strongly agree |

2: What did you like about wearing the wearable sensor glove?

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3: What do you dislike about wearing the wearable sensor glove?

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4: I would feel comfortable wearing the wearable sensor glove at home/office.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Strongly agree |

5: What do you think are the potential benefits of wearing this device at home /office?

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6: Do you have any concern wearing this device at home/office? If so, what are your concerns?

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7: I would feel comfortable wearing the wearable sensor glove for prolonged periods of time (1 month).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Strongly agree |

8: What do you think are the potential benefits of wearing this device for prolonged periods of time (1 month)?

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9: Do you have any concerns wearing this device for prolonged periods of time (1 month)? If so, what are your concerns?

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