

Demographic Questionnaire

***Required**

1. What is your gender? *

Mark only one oval.

- ☐ Male
☐ Female

2. What is your age? *

Mark only one oval.

- ☐ Under 18
☐ 18-22
☐ 23-27
☐ 28-32
☐ 33 or above

3. Are you currently...? *

Mark only one oval.

- ☐ a student
☐ an employee
☐ an employer
☐ unable to work

4. What is your course of study/job? *

5. Are you a spectacle wearer or a user of contact lenses? *

Mark only one oval.

- ☐ Yes
☐ No

6. Do you have eye diseases (e. g. squint)? If so, which one(s)? *

7. Have you ever used an eye tracker? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Not sure

8. If you have ever used an eye tracker, which one was it?

9. If you have ever used an eye tracker, how often did you use it?

Mark only one oval.

- ☐ Often
- ☐ A few times
- ☐ Only once
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