

1. Demographic Information

***Required**

1. Test Subject ID *

2. What is your gender? *

Mark only one oval.

- ☐ Male
- ☐ Female

3. What is your age? *

4. Are you currently...? *

Mark only one oval.

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

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

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

Mark only one oval.

- ☐ Yes
- ☐ No

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

8. Have you ever used an eye tracker? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Not sure

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

10. What kind of categories of movies do you like? *

Tick all that apply.

- ☐ Action
 - ☐ Adventure
 - ☐ Comedy
 - ☐ Horror
 - ☐ Science Fiction
 - ☐ Westerns
 - ☐ Other: _____
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