

Background Questionnaire

* Required

1. User ID *

.....

2. How familiar are you with oscilloscopes? *

Mark only one oval.

- ☐ Never heard of them
- ☐ Heard of them but never used one
- ☐ Used one less than 5 times
- ☐ Used one 5 or more times

3. How long ago did you last use an oscilloscope? *

Mark only one oval.

- ☐ Never
- ☐ Over 5 years
- ☐ Between 1 and 5 years
- ☐ In the last year

4. What did you do with the oscilloscope? *

Check all that apply.

- ☐ Never used one
- ☐ A lab for a class
- ☐ A task for a job
- ☐ solve a problem
- ☐ just played, nothing serious
- ☐ Other:

5. Do you use other scientific instruments? *

Check all that apply.

- ☐ Accelerometer
- ☐ Electrometer
- ☐ Hydrometer
- ☐ Micrometer
- ☐ Microscope
- ☐ Spectogram
- ☐ Telescope
- ☐ Other:

6. How often do you use scientific instruments? *

Mark only one oval.

- ☐ Never
- ☐ Once or twice a year
- ☐ Three or four times a year
- ☐ Every month
- ☐ Every week
- ☐ Every day

7. What activities do you do with the touch screen? *

Mark only one oval per row.

| | Never | Once per month | Once per week | Daily | Several times a day |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Send messages | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Play games | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Edit images | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Browse internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organize schedule | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. What is your occupation? *

.....

9. In which field? (engineering, arts, architecture, etc) *

.....

10. **What is your age? ***

Mark only one oval.

- ☐ < 21
- ☐ 21 - 30
- ☐ 31 - 40
- ☐ 41 - 50
- ☐ 51 - 60
- ☐ > 60

11. **What is your gender? ***

Mark only one oval.

- ☐ Female
- ☐ Male

Powered by

