**User Background Survey**

**Touch Basketball Recording**

Thank you for agreeing to act as a participant in our study. Before we get started, if you could answer a few questions about yourself it help us in the overall evaluation of our system. The collection of this information with help us better understand your experience and interactions with our system and how we might improve it. All personal data collected will be treated confidentially and reported with no identifying information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

What is your level of interest in basketball?

Do you have any experience with recording sporting events or keeping score?

Do you have any experience using touch screen devices? If so, how much?

Do you have any physical disabilities that might inhibit fine motor skills?