

Pre-test questionnaire

User # _____ Date : ____|____|_____

This questionnaire is used to gather basic information related to the user. The information filled in this form will be kept confidential.

Note that the purpose of this activity is not to test the user's abilities, but to evaluate the appropriateness of the system.

General Information

1. Age of the user : _____
2. Sex :
Male | Female | Does not want to answer
3. User owns a smartphone :
Yes | No | Does not want to answer
4. User owns wearable device(s) :
Yes | No | Does not want to answer

System related information

1. How would you rate your sense of orientation (0 - I get lost ALL the time, 7 - I never get lost)
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
2. How would you rate your skills with smartphone devices (0 - I can barely make a phonecall, 7 - I develop applications for my device)
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
3. How frequently do you use your smartphone (0 - Less than once a day, 7 - I am looking at it every few minutes)
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Notes :

Observer(s) : _____