Demographic Questionnaire

Finally, please provide the following demographic information:
1. How old are you?
2. What gender do you identify as? \square Male \square Female \square Other
3. What is your occupation / field of study?
4. How familiar are you with robots?
Not At All 1 2 3 4 5 6 7 Very Familiar
5. Have you ever interacted with a robot in a research study before? \Box Yes \Box No

Thank you for participating in the study!