

Simulated Pressure Mobile Interaction

Demographic Information & Device Assessment

Participant ID

Demographic Information

Age:		Gender:		Optical Aid:		Handedness:	
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Do you own a touch-based mobile device?

Yes☐No☐

Have you used a touch-based mobile device before?

Yes☐No☐

Do you own a tablet device (e.g. iPad)?

Yes☐No☐

Have you used a tablet device before?

Yes☐No☐

How do you rate your experience with touch-based mobile devices?

Highly inexperienced☐☐☐☐☐Highly experienced

How do you rate your experience with tablet devices?

Highly inexperienced☐☐☐☐☐Highly experienced