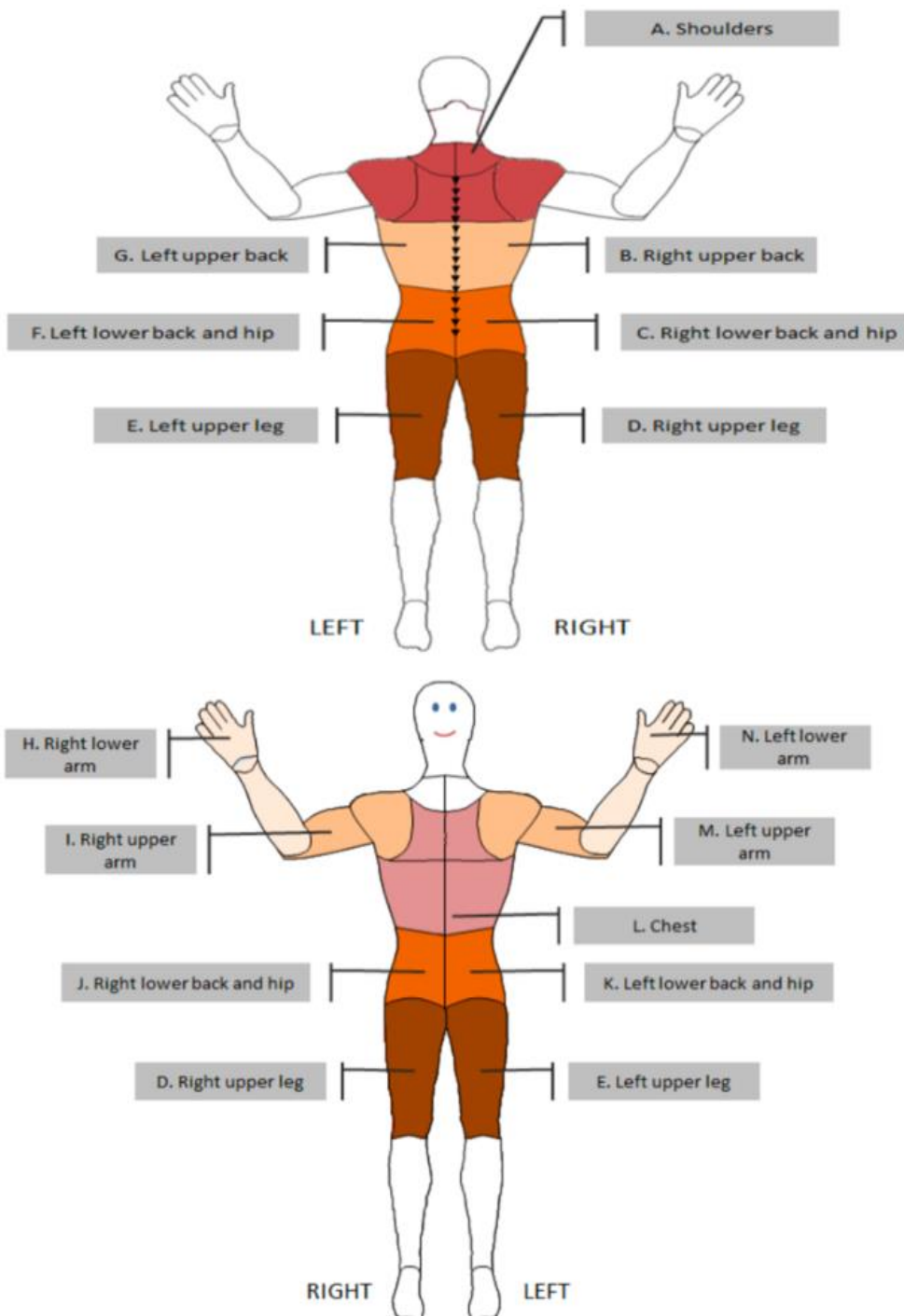


## Local Perceived Pressure Questionnaire

The following survey aims at investigating the perceived levels of pressure when using the Exoskeleton.

Please write a number inside each of the coloured areas. The number should express the pressure you felt, according to the scale on the left. “0” corresponds to “No pressure at all”, while “10” corresponds to Maximal Pressure.



0	No pressure at all
1	Very, very weak pressure
2	Very weak pressure
3	Weak pressure
4	Moderate pressure
5	Somewhat strong pressure
6	Strong pressure
7	Very strong pressure
8	Very, very strong pressure
9	Almost maximal pressure
10	Maximal pressure