

Consent Form

By signing this you give permission for data to be anonymously gathered from your use of the robot interface. The data gathered will be your answers to the questionnaire and a log of commands sent through the interface. The data gathered will be used as research for part of a dissertation. No personal or identifying data will be collected and you are free to withdraw your data at any time.

Contact email: bowes372@gmail.com

Signature

Date

Questionnaire

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. The interface is easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning to use the interface was fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The task you performed where difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The tutorial and guidance were clear and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Using the interface was enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

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