



## Post-survey

\* Required

ID (Researcher's field) \*

Your answer

How much were you able to aware of the tactile stimulation during the tasks? \*

Not at all      1      2      3      4      5      All the time

☐      ☐      ☐      ☐      ☐

How easy was to follow the breathing guidance during the try-out session before starting the study? \*

It was very difficult      1      2      3      4      5      It was very easy

☐      ☐      ☐      ☐      ☐

Which pattern did you prefer? \*

☐ Sequential Pattern



☐ Synchronized Pattern

What was the reason for your pattern choice? \*

Your answer

What other activity would you like to use the device for? \*

Your answer

What other body part would you like to use the device (multiple choice)? \*

☐ Back

☐ Wrist

☐ Waist

☐ Neck

☐ Head

☐ Shoulder

☐ Arm

☐ Leg

☐ Other:

If you use the device you used through today's experiment for a purpose other than 'breathing practice', what would come to mind?



Your answer

If the device you've used comes out as a commercial product, what are your intentions to buy it yourself and use it in your daily life?

1 2 3 4 5

I don't want to use it at all ☐ ☐ ☐ ☐ ☐ I want to use it very much

If you use the device you've been using during your daily activities, how many hours per day do you think you'll use? (Ex. 5 hours) \*

Your answer

Of the three activities you experienced today (walking, working in the office, driving), which one do you think is most suitable for using the device? (Multiple selection possible) \*

- ☐ walking
- ☐ office work
- ☐ driving

Of the two patterns of the device you experienced today, which activity do you think more suitable for use the 'Synchronized' pattern? (Multiple selection possible) \*

- ☐ walking



☐ office work

☐ driving

Of the two patterns of the device you experienced today, which activity do you think more suitable for use the 'Sequential' pattern? (Multiple selection possible)

\*

☐ Walking

☐ Office Work

☐ Driving

If you have any comments you would like to leave, or any feedback on a device you've experienced, please leave anything. Thank you.

Your answer

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