

After Try-out Survey

Please rate your feelings after about 2 min of experiencing the device.

* Required

ID (Researcher's field) *

Your answer

Questions about Synchronized Tactile Stimulation

The following questions are about your experience of feeling the Synchronized tactile stimulation (3 air pouches inflate and deflate all at once)

What was the degree of tactile stimulation intensity through the tactile breathing guidance device? *

1 2 3 4 5

Not felt at all ☐ ☐ ☐ ☐ ☐ Clearly felt the stimulation

How intuitive was it to match the tactile stimulus you felt to your breathing method? *

1 2 3 4 5

Very difficult to match with my breathing ☐ ☐ ☐ ☐ ☐ Very intuitive to match with my breathing



How pleasant did you feel through tactile stimulation? *

	1	2	3	4	5	
Not pleasant at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very pleasant

How active did you feel through the stimulation? *

	1	2	3	4	5	
Not active at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very active

How stressed did you feel through the stimulation? *

	1	2	3	4	5	
Not stressful at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very stressful

How comfortable did you feel through the stimulation? *

	1	2	3	4	5	
Not comfortable at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very comfortable



How much do you think the stimulation will interfere with your focus on other activities? *

	1	2	3	4	5	
Not likely to be disturbed at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very likely to be disturbed

Questions about Sequential Tactile Stimulation

The following questions are about your experience of feeling the Sequential tactile stimulation (each air pouch inflates and deflates individually in an order)

What was the degree of tactile stimulation intensity through the tactile breathing guidance device? *

	1	2	3	4	5	
Not felt at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clearly felt the stimulation

How intuitive was it to match the tactile stimulus you felt to your breathing method? *

	1	2	3	4	5	
Very difficult to match with my breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very intuitive to match with my breathing

How stressed did you feel through the stimulation? *

	1	2	3	4	5	
Not stressful at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very stressful



How comfortable did you feel through the stimulation? *

	1	2	3	4	5	
Not comfortable at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very comfortable

How much do you think the stimulation will interfere with your focus on other activities? *

	1	2	3	4	5	
Not likely to be disturbed at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very likely to be disturbed

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