

After Task Survey

Please answer the questions below according to your feelings after each activity.

* Required

ID (Researcher's Field) *

Your answer

Did you notice the devices tactile feedback during the tasks? *

Never 1 2 3 4 5 Clearly noticed

☐ ☐ ☐ ☐ ☐

How much did you try to recognize and control your breathing method during the experiment? *

Not at all 1 2 3 4 5 Very much

☐ ☐ ☐ ☐ ☐

How much did you feel helpful of the device for making you aware of your breathing during the tasks? *

Not helpful at all 1 2 3 4 5 Very helpful

☐ ☐ ☐ ☐ ☐



How Pleasantly were you feeling from the tactile feedback? *

	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 energetic were you feeling from the tactile feedback? *

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

How stressed were you feeling from the tactile feedback? *

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

How comfortable were you feeling from the tactile feedback? *

	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 disturbing were you feeling from the tactile feedback to perform a given task? *

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

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