

After Task Survey (Survey-b)

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

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* Required

ID (Researcher's Field) *

Your answer

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

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clearly noticed

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

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



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

	1	2	3	4	5	
Not helpful at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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 active did you feel through 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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