

Post-survey

* Required

ID (Researcher's field) *

Your answer

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

1 2 3 4 5

Not at all

O O O All the time

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

It was very difficult

O O O It was very easy

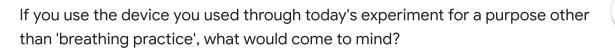
Which pattern did you prefer? *







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:





intentions to buy it yoursel					•	product, what are your
	1	2	3	4	5	
I don't want to use it at all	0	0	0	0	0	I want to use it very much
hours per day do you think			_			ily activities, how many
hours per day do you think Your answer Of the three activities you driving), which one do you	exper	use?	(Ex. 5	hours	s) * alking	, working in the office,
If you use the device you'v hours per day do you think Your answer Of the three activities you driving), which one do you selection possible) * walking	exper	use?	(Ex. 5	hours	s) * alking	, working in the office,
hours per day do you think Your answer Of the three activities you driving), which one do you selection possible) *	exper	use?	(Ex. 5	hours	s) * alking	, working in the office,

Your answer

office work	
driving	
Of the two patterns	s of the device you experienced today, which activity do you
·	for use the 'Sequential' pattern? (Multiple selection possible)
*	
Walking	
Office Work	
Driving	
If you have any com	nments you would like to leave, or any feedback on a device
	, please leave anything. Thank you.
Your answer	
Submit	
er su ^b m ^{it} passwor ^d s t ^h rou	
Th	nis form was created inside of The Media Lab. <u>Report Abuse</u>
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