

\* Required

ID \*

Your answer

Please rate your general impression on the last driving.

Did you perceive any tactile feedback during the last driving segment? \*

- ☐ Yes
- ☐ No
- ☐ Maybe

How pleasantly were you feeling? \*

	1	2	3	4	5	6	7	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much

How energetic were you feeling? \*

	1	2	3	4	5	6	7	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much



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How stressed were you feeling? \*

	1	2	3	4	5	6	7	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much

How would you describe the feeling you got from the seat belt device? \*

- ☐ it felt like hugging
- ☐ it felt like pushing
- ☐ it felt like someone's presence
- ☐ it felt like massaging
- ☐ it felt like poking
- ☐ Other: \_\_\_\_\_

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