Initial Report

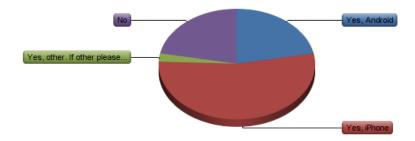
Last Modified: 03/04/2016

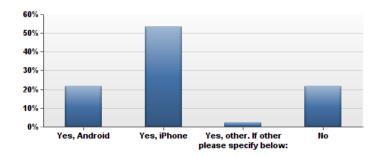
1. Do you have a smart-phone?

#	Answer	Bar ▼	Response	%
3	Yes, other. If other please specify below:	•	1	2%
1	Yes, Android		9	22%
4	No		9	22%
2	Yes, iPhone		22	54%
	Total		41	

Yes, other. If other please specify below: flip phone

Statistic	Value
Min Value	1
Max Value	4
Mean	2.24
Variance	1.09
Standard Deviation	1.04
Total Responses	41





2. Do you use apps that do tasks beyond normal phone functionality?

#	Answer	Bar	Response	%
1	If yes, what is your favorite app and why? Specify below:		23	58%
2	No, I stick with the apps my phone came with.		8	20%
3	My phone does not have applications/I don't have a smart-phone.		9	23%
	Total		40	

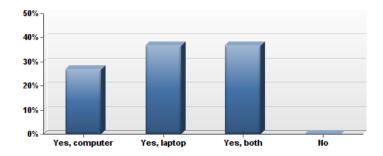
If yes, what is your favorite app and why? Specify below:
7 minute workout
Messenger
Web md , nutri-find , iBooks
lumosity, brain games
WAZE
LEO (GERMAN ONLINE DICTIONARY)
fitbit
Westpac bank app, keep track of spend
facebook
Starbucks
Solitaire
Johnson & Johnson Exercise App: Well designed & efficient exercise app
NY Times. The paper is always with me.
Exercise, games, shopping, music, Netflix, meditation, etc. b/c they are useful, entertaining, etc.
Flash Light Uber
Keeper security and tripit
Pandora
pedometer
NCAA Basketball - you can view any game in March Madness
weather, clock, not much more
map my walk, iPhone walk
Maps and directions
Marketwatch

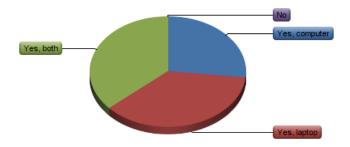
Statistic	Value
Min Value	1
Max Value	3
Mean	1.65
Variance	0.69
Standard Deviation	0.83
Total Responses	40

3. Do you have a computer or laptop?

#	Answer	Bar	Response	%
1	Yes, computer		11	27%
2	Yes, laptop		15	37%
3	Yes, both		15	37%
4	No		0	0%
	Total		41	

Statistic	Value
Min Value	1
Max Value	3
Mean	2.10
Variance	0.64
Standard Deviation	0.80
Total Responses	41

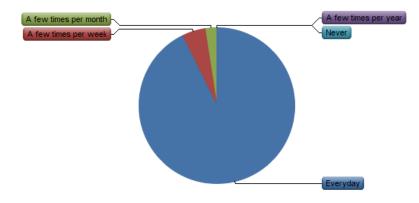




4. If you have a computer or laptop, how often do you use it?

#	Answer	Bar	Response	%
1	Everyday		38	93%
2	A few times per week		2	5%
3	A few times per month		1	2%
4	A few times per year		0	0%
5	Never		0	0%
	Total		41	

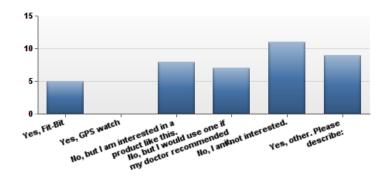
Statistic	Value
Min Value	1
Max Value	3
Mean	1.10
Variance	0.14
Standard Deviation	0.37
Total Responses	41

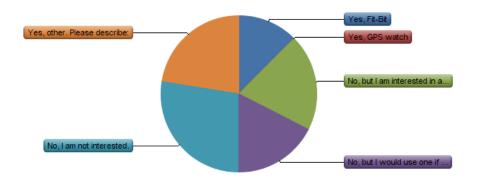


5. Do you have a Fit-Bit, other activity tracker, GPS watch, etc.? Please select both of the yes answers below if yes.

#	Answer	Bar	Response	%
1	Yes, Fit-Bit		5	13%
2	Yes, GPS watch		0	0%
3	No, but I am interested in a product like this.		8	20%
4	No, but I would use one if my doctor recommended it.		7	18%
5	No, I am not interested.		11	28%
6	Yes, other. Please describe:		9	23%
	Total		40	

Yes, other. Please describe: never heard of a fit-bit nike fuel band and gps on my iphone Walk Tracker with GPS I DO NOT BELIEVE THAT THE DEVICE WOULD BE BENEFICIAL TO ME/MY LIFE STYLE AS A TENNIS PLAYER. Apple Watch App on iphone distance tracking instrument phone pedometer Life Station,pedimeter





Statistic	Value
Min Value	1
Max Value	6
Mean	4.15
Variance	2.54
Standard Deviation	1.59
Total Responses	40

$\textbf{6.} \ \ \text{How often do/would you wear it?}$

#	Question	Always	Mostly	Sometimes	Rarely	Never	Total Responses	Mean
1	Fit-Bit	2	6	8	2	3	21	2.90
2	GPS Watch	0	3	3	2	4	12	3.58
3	Other	4	1	2	1	2	10	2.60

Statistic	Fit-Bit	GPS Watch	Other
Min Value	1	2	1
Max Value	5	5	5
Mean	2.90	3.58	2.60
Variance	1.39	1.54	2.71
Standard Deviation	1.18	1.24	1.65
Total Responses	21	12	10



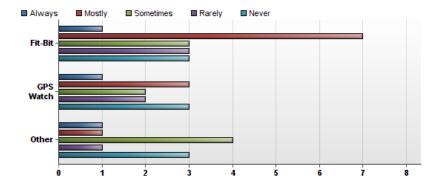


$\begin{tabular}{ll} 7. & How often do/would you look at the app? \end{tabular}$

#	Question	Always	Mostly	Sometimes	Rarely	Never	Total Responses	Mean
1	Fit-Bit	1	7	3	3	3	17	3.00
2	GPS Watch	1	3	2	2	3	11	3.27
3	Other	1	1	4	1	3	10	3.40

Statistic	Fit-Bit	GPS Watch	Other
Min Value	1	1	1
Max Value	5	5	5
Mean	3.00	3.27	3.40
Variance	1.63	2.02	1.82
Standard Deviation	1.27	1.42	1.35
Total Responses	17	11	10





$8.\;\;$ Rank order the information the brace will track, from most important to least important to you as a user.

#	Answer							Total Responses
1	Steps	19	3	2	3	0	0	27
2	Amount of time since your last trip/fall	1	6	6	5	9	0	27
3	Number of times the brace is activated	2	4	10	10	1	0	27
4	Amount of force your ankle is producing	1	3	8	7	8	0	27
5	How you could improve your gait cycle (normal walking pattern)	3	11	1	2	9	1	27
6	Other?	1	0	0	0	0	26	27
	Total	27	27	27	27	27	27	-

Other?

Not sure what this information is good for

I HAVE NO BRACE

Not really interested

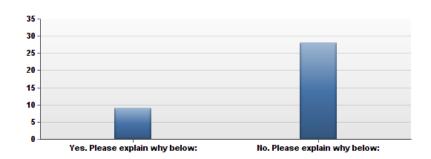
not clear on how to answer this ???

Statistic	Steps	Amount of time since your last trip/fall	Number of times the brace is activated	Amount of force your ankle is producing	How you could improve your gait cycle (normal walking pattern)	Other?
Min Value	1	1	1	1	1	1
Max Value	4	5	5	5	6	6
Mean	1.59	3.56	3.15	3.67	3.22	5.81
Variance	1.10	1.64	0.98	1.31	2.64	0.93
Standard Deviation	1.05	1.28	0.99	1.14	1.63	0.96
Total Responses	27	27	27	27	27	27

$\textbf{9.} \ \ \text{Would you like the information to be sent directly to your doctor for analysis?}$

#	Answer	Bar	Response	%
1	Yes. Please explain why below:		9	24%
2	No. Please explain why below:		28	76%
	Total		37	

Yes. Please explain why below:	No. Please explain why below:
If I had a issue with walking and falling, I feel this would be helpful.	make my own changes
To look at health from a preventative perspective	I imagine the doctor would not find it significant
hypothetically, they might need it???	He thinks I am fine
If my dr asked for that info	would like to release information myself
Cathy Grellet very interested in Studies like this!	Wouldn't want to bother her.
Seems like a good idea	SUPERFLUOUS
Keeps doctor in the loop.	i am very mobil at this time
	No need as of now.
	would not want it sent automatically. data overload. doctor would start to ignore
	Don't see how it would be worth the medical cost. would advise DR. if problems arrive and let them look
	Likely too much info for a physician to track in a meaningful way
	Doctors involve bureaucracies so the info would be buried. I'd prefer immediate analysis, with the additional option of including the doctor.
	I would like to have the original copy, and then personally share it. Extraneous information may get lost or never read if unsolicited by my doctor.
	She's not interested
	No interest
	My doctor is a specialist in another area of interest
	too much data

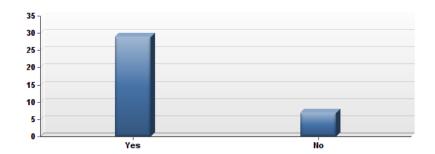


Statistic	Value
Min Value	1
Max Value	2
Mean	1.76
Variance	0.19
Standard Deviation	0.43
Total Responses	37

10. Would you like to receive information from the brace?

#	Answer	Bar	Response	%
1	Yes		29	81%
2	No		7	19%
	Total		36	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.19
Variance	0.16
Standard Deviation	0.40
Total Responses	36

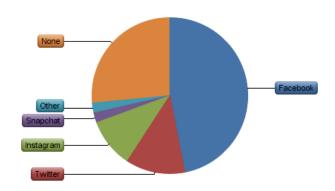


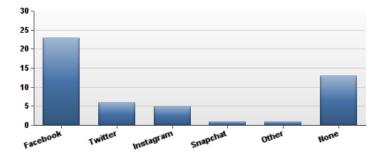
11. Which social media platforms are you a part of?

#	Answer	Bar	Response	%
1	Facebook		23	61%
2	Twitter		6	16%
3	Instagram		5	13%
4	Snapchat		1	3%
5	Other	•	1	3%
6	None		13	34%

Other	
linkedIn	

Statistic	Value
Min Value	1
Max Value	6
Total Responses	38





12. Do you have any additional comments for us going forward? Anything that may be useful/helpful you may want to add?

#	Answer	Bar	Response	%
1	No		21	58%
2	Yes		15	42%
	Total		36	

Yes

In the ranking question does "1" or "5" indicate "most important"?

Recommended exercises for flexibility & strength

My husband has Parkinson's Disease. The brace would be immensely helpful for anyone prone to falls. Good luck with your project!

Have you considered making an inexpensive mockup that would give a potential user a sense of how the brace would feel, before deciding to get one?

Good Luck

Currently, I have no problems; are there ways this could help prevent future problems?

hard to answer some questions because I don't understand a lot about the brace.

It would have to be non intrusive and helpful

I don't think this survey pertains to me at this point in my life. But keep up the good work, because I might need it someday.

I would have to see the brace to see if I would be interested in it

For a survey like this, provide a picture of the device

Make it easy to put on/off, good looking, and value-added. Stay away from clunky medical feel.

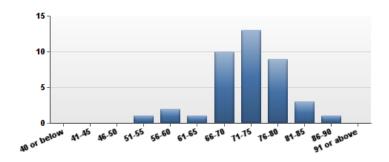
I don't know if I would use or wear this unless I saw it and tried it first.

I would wear it more often if it was fashionable and not an obvious brace to bring attention.

Statistic	Value
Min Value	1
Max Value	2
Mean	1.42
Variance	0.25
Standard Deviation	0.50
Total Responses	36

13. What age bracket do you fall into?

#	Answer	Bar	Response	%
1	40 or below		0	0%
2	41-45		0	0%
3	46-50		0	0%
4	51-55		1	3%
5	56-60		2	5%
6	61-65		1	3%
7	66-70		10	25%
8	71-75		13	33%
9	76-80		9	23%
10	81-85		3	8%
11	86-90		1	3%
12	91 or above		0	0%
	Total		40	

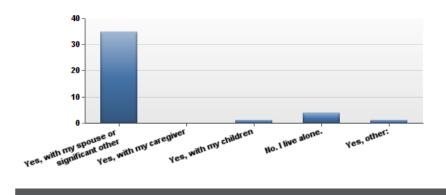


Statistic	Value
Min Value	4
Max Value	11
Mean	7.90
Variance	1.99
Standard Deviation	1.41
Total Responses	40

14. Do you live on your own?

#	Answer	Bar	Response	%
1	Yes, with my spouse or significant other		35	85%
2	Yes, with my caregiver		0	0%
3	Yes, with my children		1	2%
4	No. I live alone.		4	10%
5	Yes, other:		1	2%
	Total		41	

Yes, other:	
senior living	



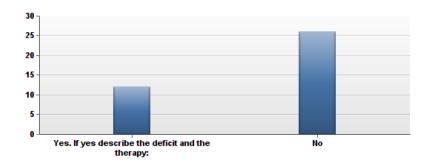
Statistic	Value
Min Value	1
Max Value	5
Mean	1.44
Variance	1.20
Standard Deviation	1.10
Total Responses	41

 $15.\;$ How active do you feel you are on a scale of 1-10? (With 1 being rarely active, spending most of the day in bed or immobile, and 10 exercising every day and/or going to the gym 4-5 times a week)

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Activity Level	0.00	10.00	7.84	2.11	37

$16. \ \ \, \text{Do you participate in any physical therapy?}$

#	Answer	Bar	Response	%
1	Yes. If yes describe the deficit and the therapy:		12	32%
2	No		26	68%
	Total		38	

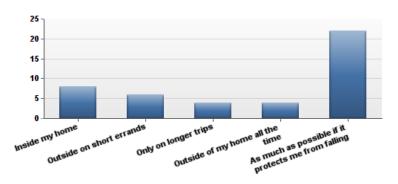


Yes. If yes describe the deficit and the therapy:
ONLY AFTER AN ATHLETIC INJURY
bone builders program
shoulder
planter faciatusarthritis
Degenerative discs in neck
Foot tendonitis
body mechanics
recovery from fall and rotator cuff surgery
Posture and bone density exercises for osteoporosis
back pain
neck pain

Statistic	Value
Min Value	1
Max Value	2
Mean	1.68
Variance	0.22
Standard Deviation	0.47
Total Responses	38

17. Where would you wear the brace? (Check all that apply)

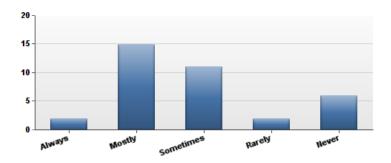
#	Answer	Bar	Response	%
1	Inside my home		8	25%
2	Outside on short errands		6	19%
3	Only on longer trips		4	13%
4	Outside of my home all the time		4	13%
5	As much as possible if it protects me from falling		22	69%



Statistic	Value
Min Value	1
Max Value	5
Total Responses	32

$18. \ \ \text{How often could you see yourself wearing this device?}$

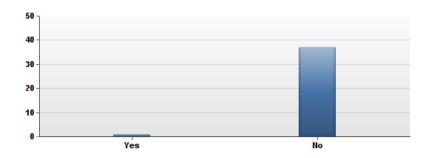
#	Answer	Bar	Response	%
1	Always		2	6%
2	Mostly		15	42%
3	Sometimes		11	31%
15	Rarely	_	2	6%
16	Never		6	17%
	Total		36	



Statistic	Value
Min Value	1
Max Value	16
Mean	5.31
Variance	32.39
Standard Deviation	5.69
Total Responses	36

$19. \ \ \, \text{Do you have any difficulty putting on shoes and socks?}$

#	Answer	Bar	Response	%
1	Yes		1	3%
2	No		37	97%
	Total		38	



Statistic	Value
Min Value	1
Max Value	2
Mean	1.97
Variance	0.03
Standard Deviation	0.16
Total Responses	38

 $20. \,$ If you have difficulty putting on shoes and socks, what do you do to make this easier? (wear slip on shoes, get help etc.)

Text Response Use a device

Statistic	Value
Total Responses	1