

Olfactory Study

Required

1. Subject ID *

2. When did you fill out this survey? *

Mark only one oval.

1. No scent prototype

2. With scent prototype

3. Order ID *

Mark only one oval.

O1: NO scent prototype in the first session

O2: Scent prototype in the first session

4. Phone *

Mark only one oval.

Samsung

Motorola

Pixel Phone

Honor

Mi

Other:

5. Scent Prototype ID (skip if you did not use today)

6. Make sure to wear wristbands and that E4 is streaming data. Press E4 button for less than 1 second to mark the beginning of this survey. Is E4 streaming data?

Check all that apply.

Yes

No

7. Age

8. Gender

Mark only one oval.

Male

Female

Other:

9. How often do you do breathing exercises? *

Mark only one oval.

1

2

3

4

5

6

7

Not at all

Everyday

10. What breathing exercises do you typically do?

Fill this if USING the scent device

11. The duration and frequency of the scent release was adequate

Mark only one oval.

1

2

3

4

5

6

7

Very Strongly Disagree

Very Strongly Agree

12. If you disagree, what frequency (lower/higher) would you recommend?

13. Rank how stressed were you while doing this exercise.

Mark only one oval.

1

2

3

4

5

6

7

Very stressed

Not stressed at all

14. Rank your level of relaxation while doing the breathing task.

Mark only one oval.

1

2

3

4

5

6

7

Not relaxed at all

Totally relaxed

15. Rank how focus/distracted were you while doing the breathing task.

Mark only one oval.

1

2

3

4

5

6

7

Very distracted

Very focus

16. How mentally demanding was the breathing task?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

17. How successful were you in accomplishing what you were asked to do?

Mark only one oval.

1

2

3

4

5

6

7

Failure

Perfect

18. How hurried or rushed were the pace of the breathing task?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

19. How hard did you have to try to accomplish your level of performance?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

20. How insecure, discouraged, irritated, stressed, and annoyed were you?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

21. Describe in your own words how was your experience using the device.

22. Other feedback?

Fill if you are USING the scent device

23. Rank how pleasant was the scent

Mark only one oval.

1

2

3

4

5

6

7

Very unpleasant

Very pleasant

24. Rank how strong was the scent

Mark only one oval.

1

2

3

4

5

6

7

Very strong

Very light

25. The scent device helped me

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

26. The scent device improved my relaxation

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

27. The scent device improved my focus.

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

28. The duration and frequency of the scent release was adequate

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

29. If you disagree, what freq (lower/higher) would you recommend?

30. Rank how easy to use was the overall prototype (automatic scent app, etc).

Mark only one oval.

1

2

3

4

5

6

7

Very hard to use

Very easy to use

31. Rank the overall satisfaction while using the scent prototype.

Mark only one oval.

1

2

3

4

5

6

7

Very unsatisfied

Very satisfied

32. Describe in your own words how was your experience using the device during the breathing task.

Fill this if NOT USING the scent device

33. Rank how stressed were you while doing this exercise.

Mark only one oval.

1

2

3

4

5

6

7

Very stressed

Not stressed at all

34. Rank your level of relaxation while doing the breathing task.

Mark only one oval.

1

2

3

4

5

6

7

Not relaxed at all

Totally relaxed

35. Rank how focus/distracted were you while doing the breathing task.

Mark only one oval.

1

2

3

4

5

6

7

Very distracted

Very focus

36. How mentally demanding was the breathing task?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

37. How successful were you in accomplishing what you were asked to do?

Mark only one oval.

1

2

3

4

5

6

7

Failure

Perfect

38. How hurried or rushed were the pace of the breathing task?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

39. How hard did you have to try to accomplish your level of performance?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

40. How insecure, discouraged, irritated, stressed, and annoyed were you?

Mark only one oval.

1

2

3

4

5

6

7

Very high

Very low

41. Other feedback?

Fill this ON YOUR FINAL DAY

42. The scent device improved my focus in comparison to the session I did not use it.

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

43. The scent device improved my relaxation in comparison to the session I did not use it.

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

44. I would use the scent device again.

Mark only one oval per row.

Very Strongly Disagree

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

Very Strongly Agree

During the memorization tasks

During the recall tests

During sleep

45. Did other devices (wristband or headband) cause you any discomfort?

Mark only one oval.

Yes

No

Maybe

46. How would you improve the prototype? Do you have any final feedback?

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