Participant #:
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## [Interface #1 – gesture-based/without tactile]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Was the interface easy to learn?					
Was the interface easy to use?					
Was the interface fun to use?					
Was the interface fast to use?					
Did you felt in control?					
[Interface #2 – direct manipulat	tion/tactile]				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Was the interface easy to learn?					
Was the interface easy to use?					
Was the interface fun to use?					
Was the interface fast to use?					
Did you felt in control?					

[Subject	preferen	ces]
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Subject preferences]	
Which interface would you prefer to have on your touch-screen device	:s?

[Demographics]							
1	.)	Age:					
2	.)	Gender:					
(if req'd)							
3	3) Acuity						
4	.)	Type of residual vision					
5	5)	Age of onset of visual impairment:					
6	5)	Year of a desktop computer:	/ Usage Level: low, medium, high				
7	')	Year of a mobile phone:					
[Com	me	ents for the research]					
Name.							
н. а.							
Phone.							