|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Authors** | **Summary of Changes** |
| 1.0 | 26/09/2018 | Shenal Samarasinghe | Completed the document |

Demographic Questionnaire P: \_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Instructions | | | |
| The purpose of this questionnaire is to find out a few things about you. This will help us interpret our results. Please tick the option that best describes you. | | | |
| Which of the following includes your age? | | | |
|  | □ | 18-24 | |
|  | □ | 25-34 | |
|  | □ | 35-49 | |
|  | □ | 50-64 | |
|  | □ | 65+ | |
|  | □ | Rather not say | |
| What is your gender? | | | |
|  | □ | | Female |
|  | □ | | Male |
|  | □ | | Rather not say |

|  |  |  |
| --- | --- | --- |
| How long have you been using a mobile device | | |
|  | □ | Never used a mobile device |
|  | □ | Less than 1 month |
|  | □ | 1-6 months |
|  | □ | 6 months to 1 year |
|  | □ | 1-2 years |
|  | □ | 2-3 years |
|  | □ | 3 years or more |
|  |  |  |
| How often do you use a mobile device | | |
|  | □ | Once every few weeks |
|  | □ | Less than once a week |
|  | □ | Once a week |
|  | □ | Several times a week |
|  | □ | 1 hour a day |
|  | □ | 3 hour a day |
|  | □ | 5 + hours a day |

Have you ever used smart glasses before

|  |  |  |
| --- | --- | --- |
|  | □ | Yes |
|  | □ | No |

How would you describe your eyesight?

|  |  |  |
| --- | --- | --- |
|  | □ | I don't use glasses |
|  | □ | Can manage without glasses |
|  | □ | Can't manage without glasses |