Demo-day-feedback

This is a short questionnaire we would like you to fill out to help us with our project.
All answers are anonymous.
This first section is about which demographic group you fit.

* Required

1. **Your gender** *
   Mark only one oval.

   ( ) Female

   ( ) Male

   ( ) Prefer not to say

   ( ) Other

2. **What age are you?** *
   Mark only one oval.

   ( ) 15-19

   ( ) 20-24

   ( ) 25-29

   ( ) 30-34

   ( ) 35-39

   ( ) 40-44

   ( ) 45-49

   ( ) 50-54

   ( ) 55-59

   ( ) 60-64

   ( ) 65-69

   ( ) 70+

3. **How many times a week do you watch TV and/or movies?** *
Check all that apply.

☐ Not at all

☐ Less than once a week

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ Everyday

Part two
This section is about your opinion and standings in regards to key elements of this project.

4. **Are you familliar with the Netflix movie "Bandersnatch"?** *
Mark only one oval.

◯ Yes.

◯ No.

◯ Somewhat, but i have not seen it myself.

5. **Do you like the concept of a personalised movie/narrative experience?** *
Mark only one oval.

◯ Yes.

◯ No.

6. **In your own words, what do you think about the concept of personalized experiences in movies, TV and entertainment?** *

_____

_____

_____

_____

_____

7. **Would you be comfortable with a camera detecting your face to extract emotional response that will alter the movie's story or plot. (The data is private and goes nowhere)** *
Mark only one oval.

◯ Yes.

◯ No.

8. **Would you accept the data being used for optimizing facial recognition and other related optimization? ***

Mark only one oval.

( ) Yes.

( ) No.

9. **If no to the previous question, can you please tell us why?**

_____

_____

_____

_____

_____

Thank you for taking this questionnaire.

We apriciate you :).

Powered by

Google Forms