**Walk Aid Questionnaire**

**Tester:**

**Haptic feedback method:**

**1. General Usability**

1. How easy was it to understand how the device works? (1 - Very difficult, 5 - Very easy)
2. Did you feel confident using the device? (Yes / No / Somewhat)
3. How intuitive was the haptic feedback in guiding you through obstacles? (1 - Not intuitive, 5 - Very intuitive)

**2. Haptic Feedback Effectiveness**

1. Were the haptic signals clear and distinguishable from each other? (Yes / No / Somewhat)
2. How quickly did you adapt to the haptic feedback? (1 - Took a long time, 5 - Instantly adapted)
3. Did the intensity or pattern of the feedback help you understand the direction or distance of obstacles? (Yes / No / Somewhat)
4. Did you ever feel confused about what the haptic signals were trying to indicate? (Yes / No / Sometimes)

#### ****3. Comfort & Wearability****

1. How comfortable was the device to wear? (1 - Very uncomfortable, 5 - Very comfortable)
2. Did the device feel too bulky, too tight, or cause any discomfort? (Yes / No / Somewhat)
3. How long do you think you could comfortably wear this device? (Less than 10 mins / 10-30 mins / 30 mins - 1 hour / More than 1 hour)

#### ****4. Performance in Obstacle Navigation****

1. Did the device help you avoid obstacles effectively? (Yes / No / Somewhat)
2. Did you ever feel unsafe or unsure while using the device? (Yes / No / Sometimes)

#### ****5. Additional Feedback****

1. What improvements would you suggest for the haptic feedback system?
2. Were there any moments where the device did not perform as expected? If so, please describe.
3. Would you feel comfortable using this device in an unfamiliar environment? (Yes / No / Maybe)
4. What room (if either) did you feel more confident with the systems commands in?

(Room A/Room B/Neither)

1. Any other comments or suggestions?