**Walk Aid Questionnaire**

**Tester: Oscar**

**Haptic feedback method: Pulley System**

**1. General Usability**

1. How easy was it to understand how the device works? (1 - Very difficult, 5 - Very easy)

1 – Couldn’t tell what forward was could only tell the difference between left and right

1. Did you feel confident using the device? (Yes / No / Somewhat)

No – Didn’t manage to use it successfully once.

1. How intuitive was the haptic feedback in guiding you through obstacles? (1 - Not intuitive, 5 - Very intuitive)

1 – No clue of what the device was telling me to do and didn’t successfully traverse room

**2. Haptic Feedback Effectiveness**

1. Were the haptic signals clear and distinguishable from each other? (Yes / No / Somewhat)

Somewhat – left and right were but not forward atall

1. How quickly did you adapt to the haptic feedback? (1 - Took a long time, 5 - Instantly adapted)

2 – got better as time went on but still didn’t really adapt to haptic feedback

1. Did the intensity or pattern of the feedback help you understand the direction or distance of obstacles? (Yes / No / Somewhat)

Somewhat – hit into an obstacle every time but had a rough idea it was about to happen potentially

1. Did you ever feel confused about what the haptic signals were trying to indicate? (Yes / No / Sometimes)

Yes - often

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

1. How comfortable was the device to wear? (1 - Very uncomfortable, 5 - Very comfortable)

3 – had to be adjusted constantly to try get the device to feel loose where it needed to be

1. Did the device feel too bulky, too tight, or cause any discomfort? (Yes / No / Somewhat)

Somewhat

1. 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)

More than 1 hour

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

1. Did the device help you avoid obstacles effectively? (Yes / No / Somewhat)

No

1. Did you ever feel unsafe or unsure while using the device? (Yes / No / Sometimes)

Yes (unsure)

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

1. What improvements would you suggest for the haptic feedback system?

More adjustable so it would fit my body better to feel the haptic feedback, higher power tightening too.

1. Were there any moments where the device did not perform as expected? If so, please describe.

Yes at times it would repeatedly switch so I had no clue where I was going

1. Would you feel comfortable using this device in an unfamiliar environment? (Yes / No / Maybe)

No

1. What room (if either) did you feel more confident with the systems commands in?

(Room A/Room B/Neither)

Room A

1. Any other comments or suggestions?