

Evaluation questionnaire on the use of the exoskeleton

1. After your experience with the exoskeleton, how do you rate it from the point of view of comfort? (Give a rating from 1 to 5 where 1 indicates very uncomfortable and 5 indicates very comfortable)

1	2	3	4	5
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2. How much do you think the effort and thus fatigue has decreased by using the exoskeleton? (Give a rating from 1 to 5 where 1 indicates little and 5 indicates a lot)

1	2	3	4	5
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3. From the perspective of wearability how easy can be wearing the exoskeleton independently? (Give a rating from 1 to 5 where 1 indicates extremely easy and 5 indicates very difficult)

1	2	3	4	5
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4. If you had the exoskeleton available in your daily life, how much would you use it? (Give a rating from 1 to 5 where 1 indicates almost never and 5 almost always)

1	2	3	4	5
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PATIENT ID:

DATE: