

End Of Study Survey

Please complete the survey below.

Thank you!

**Please complete each item regarding the BioStampRC sensors to the best of your abilities.
Select the appropriate answer.**

- 1) How comfortable were the wearable sensors?
 - Very Comfortable
 - Comfortable
 - Neutral
 - Uncomfortable
 - Very Uncomfortable
- 2) How securely did the motion sensors stay on your body throughout the study period?
 - Very Securely
 - Securely
 - Neutral
 - Came Loose
 - Fell Off
- 3) How often did the sensors interfere with your daily activities?
 - Never
 - Occasionally
 - Sometimes
 - Often
 - Always
- 4) How difficult was it to remove the sensors?
 - Very Easy
 - Easy
 - Neutral
 - Difficult
 - Very Difficult
- 5) How willing would you be to wear these sensors in the future if your doctor asked you to?
 - Very Willing
 - Willing
 - Neutral
 - Unwilling
 - Very Unwilling
- 6) How was your experience with the sensors, on the whole?
 - Very Pleased
 - Pleased
 - Neutral
 - Displeased
 - Very Displeased
- 7) What was the most valuable application of the sensor?

- 8) What was the biggest drawback of the sensor?

- 9) What, if anything, would you like to see improved about the BioStampRC sensor?

- 10) If you have feedback about the study, please let us know here. Thank you!
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