



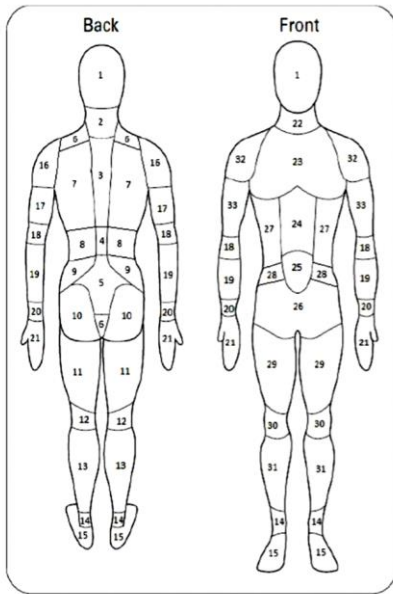


# Survey Questions (pg 3)

## Exoskeleton Study

During the Test

**5. When wearing the exoskeleton and while performing the test, did you have any pain, soreness or discomfort? Please mark accordingly.**



Area of the body	Slight	Moderate	Severe	Extreme
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④
	①	②	③	④

**6. The exoskeleton provided ergonomic (efficient and comfortable) support during the test.**

0                      1                      2                      3                      4                      5  
 N/A   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

**7. While wearing the exoskeleton, it helped you complete the test?**

0                      1                      2                      3                      4                      5  
 N/A   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

**8. The task you performed provided information about the usefulness of an exoskeleton.**

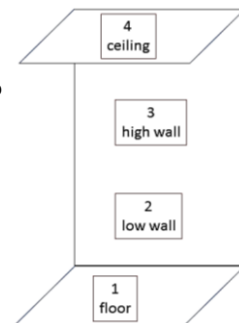
0                      1                      2                      3                      4                      5  
 N/A   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

**9. Which part of the test did the exoskeleton provide the most benefit?**

0                      1                      2                      3                      4  
 N/A   floor                      low wall                      high wall                      ceiling

**10. Which part of the test did the exoskeleton provide the least benefit?**

0                      1                      2                      3                      4  
 N/A   floor                      low wall                      high wall                      ceiling



# Survey Questions (pg 4)

## Exoskeleton Study

General Questions about the Test

11. Was the task you performed frustrating to you?

Yes

No

12. What did you like most and least about wearing and using the exoskeleton?

Most liked: \_\_\_\_\_

Least liked: \_\_\_\_\_

13. Where did you feel the exoskeleton best supported your movements during the task (knees, hips, back, shoulders, arms, etc.) ?

\_\_\_\_\_

14. What were the easiest and most difficult parts of the exoskeleton test(s)?

Easiest: \_\_\_\_\_

Most Difficult: \_\_\_\_\_

15. What would you change about the exoskeleton or the task you performed (*use the back of this page if more space is needed*)?

\_\_\_\_\_

16. The task sufficiently captured my maximum load and repetition without the exoskeleton.

0	1	2	3	4	5
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

17. The task sufficiently captured my maximum load and repetition with the exoskeleton.

0	1	2	3	4	5
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

18. The test properly represents the real world.

0	1	2	3	4	5
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

19. The task tested the limitations of the exoskeleton.

0	1	2	3	4	5
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

20. The task tested the capabilities of the exoskeleton.

0	1	2	3	4	5
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

NIST APPROVED

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A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0083. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to NIST, 100 Bureau Drive, Gaithersburg, MD 20899 Attn: Ann Virts, [ann.virts@nist.gov](mailto:ann.virts@nist.gov)