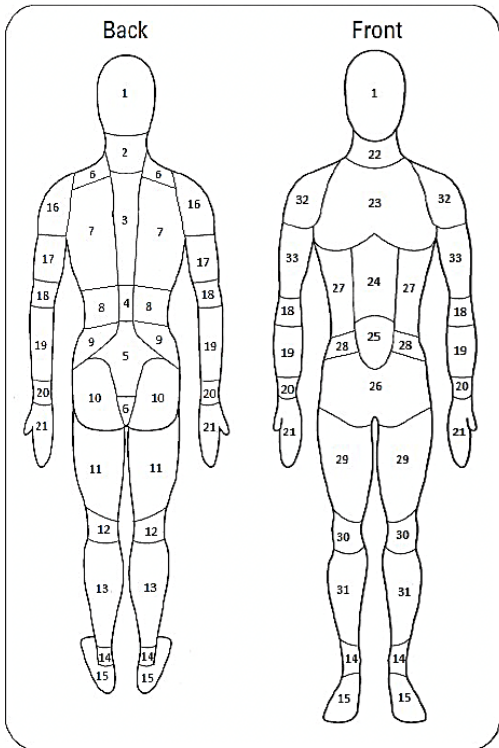


Survey Questions (pg 1) Exoskeleton Study

Subject # _____

Pre-Test

Before performing the test, have you had any previous injuries or do you have any current pain, soreness or discomfort that may affect how you perform the test? Please write the number(s) and mark the severity or write “none”.



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

A. What is your age, height, handedness, job title, and hobbies/sports?:

age: _____ height: _____ handedness: _____ job title: _____

physical hobbies/sports: _____ how often: _____

B. On a scale from 0 (low) - 5 (high), what is your daily activity level:

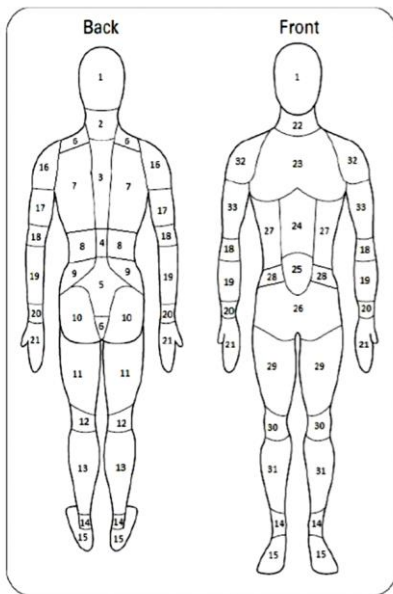
0 1 2 3 4 5
 sedentary highly active

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

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.

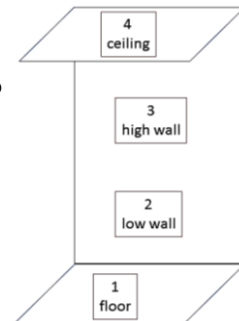
0 1 2 3 4 5
 N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

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

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IRB EXPIRATION DATE: 02/08/2022

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