Frisson Demographics

*Obligatoire

1. **Participant ID** *

2. **What is your email?**

3. **What is your name?**

4. **How often do you get chills in daily life?**
   Une seule réponse possible.

	1	2	3	4	5	6	7	8	9	10	
Never	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Always

5. **Age?**

6. **Gender?**

7. **Did you sleep well last night?**

8. **Any suggestions for improvements?**

9. **Which experience did you prefer, with or without device?**
   Une seule réponse possible.

- ◯ With the device
- ◯ Without the device
- ◯ No difference

10. **How comfortable was the device in your back?**
Une seule réponse possible.

	1	2	3	4	5	6	7	8	9	10	
Very Uncomfortable	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Very Comfortable

11. **If you had this device at home, what would you use it for?**

12. **Any additional comments or suggestions?**

Fourni par
Google Forms