



# **Evaluation of a Driving Assistance System for Powered Wheelchairs**

## **Phase2 - EDECT**

### **Participant Post-Session Technical Evaluation Questionnaire**

Version 3  
22nd April 2015

# Participant Post-Session Technical Evaluation Questionnaire

## 1 Participant Information

Participant ID: \_\_\_\_\_

Profession: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

## 2 Experience of the Powered Wheelchair with and without Driving Assistance

In the following questions we will use a satisfaction scale graded between 0 and 10.

**Below 5 is negative, 5 is no difference, above 5 is positive, where 10 is extremely positive and 0 extremely negative.**

- Please circle the number that best matches your level of satisfaction for each item
- Please answer all questions
- Please add any comments or general remarks

### 2.1 Please give your opinion of using this assistive device:

1. In general how effective did you feel the assistive system was in helping you to undertake the tasks presented to you.	0	1	2	3	4	5	6	7	8	9	10
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Comments:

### 2. Please rank how effective you felt the assistive system was at undertaking each of the tasks:

a. Doorway Passing	0	1	2	3	4	5	6	7	8	9	10
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Comments:

b. Corridor Passing	0	1	2	3	4	5	6	7	8	9	10
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Comments:

c. <i>Slalom</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
d. <i>Cornering</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
e. <i>Reverse</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
3. <i>In general how challenging did you feel the test circuit? (0=easy; 10=too difficult)</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
4. <i>The option to switch the Driving Assistance system on/off?</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
5. <i>How much safer does using the Driving Assistance make you feel?</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											

6. <i>How do you feel about the system overriding your driving instructions?</i>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
7. <i>Did you find the joystick vibration useful for informing you that system is overriding you driving instructions?</i>	0	1	2	3	4	5	6	7	8	9	10
Comments											
8. <i>How difficult did you find driving a different chair with different set up [Speed, turn rate, acceleration etc]?</i>	0	1	2	3	4	5	6	7	8	9	10
Comments											
9. <i>Do you feel that there is a need for this assistive device?</i>	0	1	2	3	4	5	6	7	8	9	10
Comments											



4. <b>Audio: How useful do you think human voice warnings would be as a mode of feedback?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
5. <b>Visual: How useful do you think a display with indicator lights that shows which side of the chair the objects are would be as a mode of feedback?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
6. <b>Visual: How useful do you think a digital screen display would be as a mode of feedback?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
7. <b>Do you think that a combination of feedback options would be helpful?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											

### 2.3 General evaluation questions

1. <b>Did you receive enough information to use and test the assistive device?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
2. <b>Did you have enough time to ask questions and to learn to drive the wheelchair?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
3. <b>Was the length of the driving session about right?</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											
4. <b>Did you find the questionnaire too long? 0 – too short; 10- too long</b>	0	1	2	3	4	5	6	7	8	9	10
Comments:											

**5. Are there any issues or problems that you would have wanted included in this evaluation?**

Comments:

**6. Was there any part of the evaluation you think should not have been included?**

Comments:

**7. Would you like to remove or add other questions to this questionnaire & what suggestions do you have to improve this evaluation process?**

Comments:

4. NASA Task Load Index – found on separate sheets.