Questionnaire
Usability evaluation of TES application systems

To be filled by the operator.

ID
Date
Session
Time
Trial
System

C
R

Please answer the following questions about the usability of the two application systems. Your answers will help to evaluate the stability, repeatability and manageability of the two systems.

Application of electrodes

How did you find the application of the electrodes?

very comfortable
comfortable
neutral
uncomfortable
very uncomfortable

How do you evaluate the duration of the electrode application?

very fast
fast
neutral
slow
very slow

Did you feel any pressure during application? If yes, where and how did you felt it.

at the electrodes
light
intermediate
strong
at the temples
at the strap
others . . .
non
During the stimulation

10 min in stimulation

Do you sweat at your head?

- no
- slight
- moderate
- strong
- very strong

Do you feel itching at your head?

- no
- slight
- moderate
- strong
- very strong

Do you feel any pressure? If yes, where and how do you feel it.

- at the electrodes
- at the temples
- at the strap
- others . . .
- non

20 min in stimulation

Do you sweat at your head?

- no
- slight
- moderate
- strong
- very strong

Do you feel itching at your head?

- no
- slight
- moderate
- strong
- very strong

Do you feel any pressure? If yes, where and how do you feel it.

- at the electrodes
- at the temples
- at the strap
- others . . .
- non
After the stimulation

Do you sweat at your head?
- no
- slight
- moderate
- strong
- very strong

Do you feel itching at your head?
- no
- slight
- moderate
- strong
- very strong

Do you feel any pressure? If yes, where and how do you feel it.
- at the electrodes
- at the temples
- at the strap
- others . . .
- non

How do you evaluate the overall comfort of the application system?
- very comfortable
- comfortable
- neutral
- uncomfortable
- very uncomfortable