

QUESTIONNAIRE ON FEELING AND COMFORT

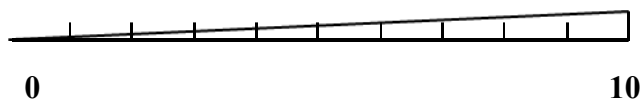
PRECISE WORKSTATION

MATERIAL USED

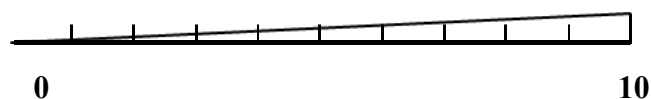
Assessment Before Use of HAPO

Place a cross on the gauge to indicate how you perceive pain from 0 to 10 at:

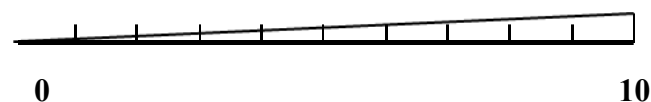
- Shoulders:



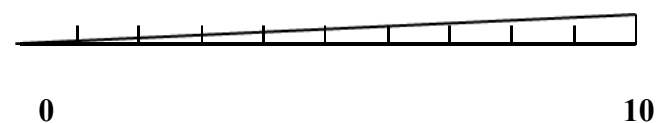
- Elbows:



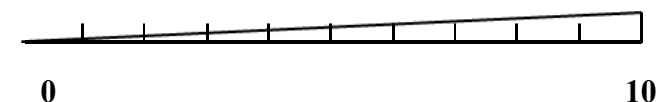
- Wrists/Hands:



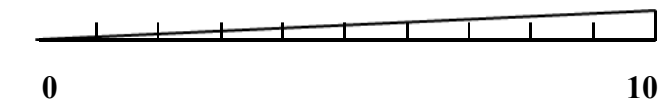
- Knees:



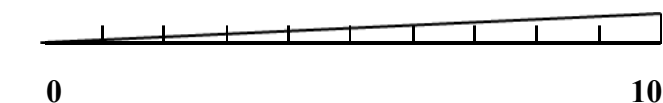
- Ankles:



- Cervicals:



- Back /Lumbar:



Assessment After Use of HAPO

How often do you wear the HAPO on a working day? * Select an answer.

- ☐ 1 Continuously: 1 time ☐ 2 in several sequences: 2 to 4 times ☐ 3 in several sequences: 5 times or more
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How long on average did you use HAPO per day? * Select an answer

- ☐ 1 Less than 1 hour ☐ 2 1 to 2 hours ☐ 3 2 to 4 hours ☐ 4 More than 4 hours

Do you feel a benefit when using HAPO ?



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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HAPO is comfortable to use ?



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The HAPO is quick to install.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The HAPO that you have used is adapted to your morphology.

☐☐☐☐☐

HAPO is easy to adjust.

☐☐☐☐☐

HAPO does not interfere with my workspace

☐☐☐☐☐

I do not feel any discomfort in my neck when wearing the HAPO.

☐☐☐☐☐

The HAPO gets forgotten during my work.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I do not feel any friction with the HAPO.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I do not feel any discomfort in my chest.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I do not feel any discomfort in my armpits.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I do not feel any discomfort in the ribs.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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HAPO keeps you warm.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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With the HAPO, I feel safe.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The HAPO relieves my efforts.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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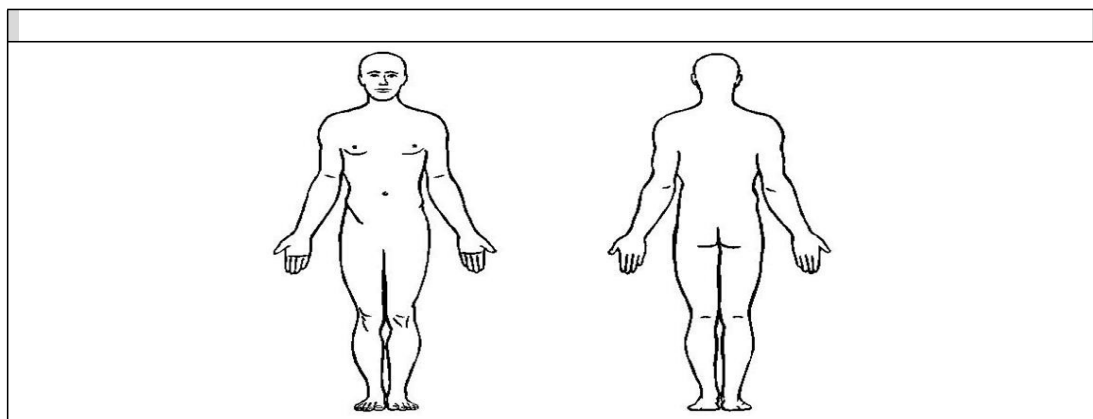
My working conditions are better with the HAPO.

☐☐☐☐☐

I recommend HAPO for my workstation.

☐☐☐☐☐

Surround the area(s) where pain or discomfort is detected by wearing the HAPO :



Other comments or information to be revealed:

Thank you for your investment and understanding !

Your answers to this questionnaire will be strictly anonymous and will bring improvements in terms of product quality, which will ensure the proper running of the system.