

PRECIOUS: Light intensity sensors study

There are 35 questions in this survey

CONNECTED LIGHT INTENSITY SENSOR

1 Does light intensity data seem useful for your health? *

Please choose only one of the following:

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

2 Why (if you wish to precise)?

Please write your answer here:

3 Does a connected thermoter seem more useful than a conventional thermoter for you? *

Please choose only one of the following:

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

4 Why (if you wish to precise)?

Please write your answer here:

5 Which display would you like to consult light intensity data? *

Please choose all that apply:

- the numerical value**
- a different picture in function of the recommendation**

Other:

6 Why (if you wish to precise)?

Please write your answer here:

7 Do you think that the connected light intensity sensor is easy to use? *

Please choose only one of the following:

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

8 Why (if you wish to precise)?

Please write your answer here:

9 Do you think the connected light intensity sensor disturb you during your daily life *

Please choose only one of the following:

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

10 Why (if you wish to precise)?

Please write your answer here:

11 Where would you find useful to install a connected light intensity sensor? *

Please choose all that apply:

- saloon
- kitchen
- bedroom
- bathroom
- garage
- garden
- laundryroom
- toilets
- nowhere

Other:

12 Why (if you wish to precise)?

Please write your answer here:

DATA RECORDING

13 Would you like to allow light intensity data recording to be able to consult evolution? *

Please choose only one of the following:

- Yes**
- No**

14 Why (if you wish to precise)?

Please write your answer here:

15 On which period would you like to use to consult light intensity data evolutions? *

[Only answer this question if you answered 'Yes' to question '13']

Please choose all that apply:

- 1 hour**
- 12 hours**
- 24 hours**
- 2 days**
- 1 week**
- 1 month**
- 1 year**

Other:

16 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '13']

Please write your answer here:

17 How often would you like to consult light intensity data changes? *

[Only answer this question if you answered 'Yes' to question '13']

Please choose only one of the following:

- permanently**
- several times a day**
- only morning**
- only noon**
- only evening**
- never**
- Other**

18 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '13']

Please write your answer here:

NOTIFICATIONS

19 Do you wish to receive notifications about light intensity data? *

Please choose only one of the following:

- Yes**
- No**

20 Why (if you wish to precise)?

Please write your answer here:

21 Would you like to receive notifications the light intensity is over the recommended treshold of the comfort?

[Only answer this question if you answered 'Yes' to question '19']

Please choose only one of the following:

- Yes**
- No**

22 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '19']

Please write your answer here:

23 Would you like to define by yourself the recommended treshold? *

[Only answer this question if you answered 'Yes' to question '19']

Please choose only one of the following:

- Yes**
- No**

24 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '19']

Please write your answer here:

25 Would you like to stop notifications sometimes? *

[Only answer this question if you answered 'Yes' to question '19']

Please choose only one of the following:

- Yes**
- No**

26 When? *

[Only answer this question if you answered 'Yes' to question '19' *and* if you answered 'Yes' to question '25']

Please choose all that apply:

- during the night**
- during the meals**
- during absence**
- during shower**
- during hosts presence**

Other:

27 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '19']

Please write your answer here:

28 On which kind of support do you wish to receive notifications? *

[Only answer this question if you answered 'Yes' to question '19']

Please choose all that apply:

- TV**
- computer**
- smartphone**
- smartwatch**
- tablet**
- light signal**
- HP**

Other:

29 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '19']

Please write your answer here:

30 Which kind of notifications do you wish? *

[Only answer this question if you answered 'Yes' to question '19']

Please choose all that apply:

- text message**
- light signal**
- sound alert**
- vocal information**
- vibrations**

Other:

31 Why (if you wish to precise)?

[Only answer this question if you answered 'Yes' to question '19']

Please write your answer here:

CONFIDENTIALITE

32 Would you like to manage the status of your light intensity data as? *

Please choose all that apply:

- confidential**
- sharable with identified contacts**
- public on internet**

Other:

33 Why (if you wish to precise)?

Please write your answer here:

IMPACT

34 Do you think the use of a connected light intensity sensor makes evolve your daily habits? *

Please choose only one of the following:

- yes, totally**
- rather yes**
- neither yes, nor no**
- rather no**
- not at all**

35 Which one? *

[Only answer this question if you answered 'yes, totally' or 'rather yes' to question '34']

Please write your answer here:

{FAX_TO} Submit your survey.
Thank you for completing this survey.