

# Technology Use Questionnaire

The following questionnaire was developed for research as part of a PhD entitled 'Understanding and Evaluating User Interface Visibility' by Ian Michael Hosking (planned submission 2020). It is based on the following paper (and related papers):

Blackler A, Popovic V, Mahar D. Investigating users' intuitive interaction with complex artefacts. *Applied Ergonomics*. 2010 Jan;41(1):72–92.

The technology listed was typical for the period it was used in, which was 2015 and 2016. The 'specific questions' on the last page were added in relation to the specific needs of the research and are not a typical part of a Technology Familiarity Questionnaire. The word 'use' in the title was used rather than 'familiarity' to be more explicit to the participants what the questionnaire is about. The text above was not part of the original document.

Participant code:	
Date:	
Time:	
Age:	
Highest academic level:	



**When using the products below, how many features on the product are you familiar with and do you use?**

<b>Product</b>	<b>All of the features (you read the manual to check them)</b>	<b>As many as you can figure out without the manual</b>	<b>Just enough to get by with</b>	<b>Your limited knowledge of the features limits your use of the product</b>	<b>None of the features – you do not use this product</b>
PC and/or Mac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device for Recording TV programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camcorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Music Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cordless Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat Nav	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

