Participant # ....

Evaluation of Gaze Interaction Interface

Participant background information

Name: ....

Age: .... Sex: Male / Female

1. Previous computer experience

	1	2	3	4	5	6	7

   Beginner   Advanced

2. Frequency of computer usage

	1	2	3	4	5	6	7

   Monthly   Weekly   Daily

2. Wearing glasses or lenses ?

   No   /   Yes

3. Color blindness ?

   No   /   Somewhat   /   Yes

4. Any other form of visual / eye condition

   No   /   Yes, condition ....

5. Previous experience with computers controlled by eye movements?

   Yes   /   No