

Volunteer Number: \_\_\_\_\_

**Test #1: Device Assembly****What part of the assembly gave you the most trouble? Please explain why.****Please rate the scale of difficulty for each of the following (scale of 1-10, 1 being least difficult):**

1. Attaching the bucket to the track \_\_\_\_\_
2. Attaching the gearbox to the track \_\_\_\_\_
3. Assembling the bucket support insert \_\_\_\_\_
4. Attaching the seat back to the bucket support insert \_\_\_\_\_
5. Attaching the pedals to the gearbox (if applicable) \_\_\_\_\_

**How useful was the user manual? If you had to include additional information, what would you add?****What else about the assembly process would you change?****Additional Comments:**

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**Test #2: Gearbox Repositioning on Track**

Please rate the difficulty of repositioning the gearbox (scale of 1-10, 1 being least difficult): \_\_\_\_

What, if any, aspects of repositioning were the most difficult?

What, if any, aspect of the system for repositioning the gearbox worked best?

Additional Comments:

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**Test #3: Power Generation**

Please rate how difficult it was to turn the pedals (scale of 1-10, 1 being least difficult): \_\_\_\_

Please rate how difficult it was to keep the LED light on (scale of 1-10, 1 being least difficult): \_\_\_\_

Please rate your level of exhaustion after 5 minutes (scale of 1-10, 1 being least tired): \_\_\_\_

Please rate your level of exhaustion at the completion of the test (scale of 1-10, 1 being least tired): \_\_\_\_

Were you able to produce as much water as you expected? In your opinion, why or why not?

Was the device difficult to power overall? Why?

Additional Comments:

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**Test #4: Comfort**

Please rate how comfortable the seat was while using the device (scale of 1-10, 1 being least comfortable): \_\_\_\_

Did the seat put any strain on your body during use of the device? If so, where?

Did the position your body was in during pedaling make it easier or more difficult to use? Why?

What changes would you make to the seat if possible? Why?

**Additional Comments:**