

ID (-leave blank-) :

Survey for the data collection of the project
Non-intrusive fall recognition using smart floor

1. What is your gender?

☐ M

☐ F

2 What is your age?

• _____

3 Estimate your weight.

• _____kg

4 What is your height?

• _____cm

5 Estimate your sport activity ranging from 1 (not active) to 5 (very active).

• _____

6 Are you worried to hurt yourself during the fall test?

Ranging from: 1 (not at all) to 5 (very worried)

• _____

7 During this year have you experienced any fall event? If so, how many?

☐ - 0

☐ - 1

☐ - 2

☐ - 3

☐ - 4 or more