Appendix 1 – Questions administered before and after using the elastic head support

Please rate your level of neck discomfort (0 = no discomfort – 10 = extreme discomfort).

How many hours can you currently tolerate being upright (sitting and standing) prior to neck discomfort?

Sitting
  __0-1
  __1-3
  __3-5
  __5-6
  __over 6

Standing
  __0-1
  __1-3
  __3-5
  __5-6
  __over 6

How comfortable are you in social settings (0 = not comfortable at all – 10 = extremely comfortable)?
Appendix 2 – Questions asked after using the elastic head support for at least two weeks

How often did you use the elastic head support?
__Constantly
__Several times per day
__Daily
__1-3 times per week
__Not at all
__Other ___________________________

For what activities did you find the elastic head support to be useful?
__All activities
__While eating
__While sitting
__While walking
__Other ___________________________

For what activities did you find the elastic head support to be not useful?

Have you used other types of head supports?

If yes, how does the elastic head support compare with the other head supports in terms of comfort, support, appearance, etc.?

If yes or no, Can you rank the head support systems you have used on a scale of 0 to 10 in terms of overall satisfaction (0 = not satisfied at all – 10 = extremely satisfied)?

What did you like and dislike about the elastic head support?

Would you recommend the elastic head support for others? Why or why not?

Has the elastic head support made you more comfortable in social settings?