

PREVIOUS SURVEY
(To fulfill at the delivery)

User ID _____

Delivery date: _____

Sex: <input type="checkbox"/> Man <input type="checkbox"/> Woman	Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
Age: <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> +61	
Educational level: <input type="checkbox"/> No studies <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> University <input type="checkbox"/> Master / PhD	
Department: _____	
Position: <input type="checkbox"/> Operator <input type="checkbox"/> Technician <input type="checkbox"/> Responsible <input type="checkbox"/> Management	

1. Type of transport that usually use: (select only 1 option):

- Private vehicle Business vehicle
 Public Transport Walk / Bike / Other _____

2. When using a private vehicle or business, this is (select only 1 option):

- Gasoline Diesel Electric Hybrid

3. Have you ever used an electric vehicle? (select only 1 option):

- Yes and I liked the experience Yes and I didn't like the experience No

4. Do you consider or have considered to purchase an electric vehicle? (select only 1 option):

- Yes Not because _____

5. Comparing an electric vehicle with a conventional vehicle (select only 1 option):

- | | | | | |
|----------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------------|
| Respect for the environment: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |
| Acquisition price: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |
| Operating and maintenance costs: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |
| Driving: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |
| Safety: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |
| Autonomy: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |
| Refueling / Recharging: | <input type="checkbox"/> Better | <input type="checkbox"/> Same | <input type="checkbox"/> Worse | <input type="checkbox"/> No answer |

6. How do you feel about electric vehicle (select only 1 option):

- (Very negative) -3 -2 -1 0 +1 +2 +3 (Very positive)

IMPORTANT NOTE: This survey is performed for the FOUNDATION CEAGA and INOVA CONSULTORES EN EXCELENCIA E INOVACIÓN ESTRATÉGICA, S.L. and aims at obtaining data for the development of a framework integrated study of the European Project "eBRIDGE" as part of the IEE program. The completion of it is recognition by the user that they have been informed and accept the conditions of use of the vehicle stated in the agreement signed by the Company and the ownership entity, which has met the reporting obligations of the Company on of rights under the Data Protection Act will assist with the protection and use of their personal data and that you consent to the transfer of data to third parties insofar as this is necessary for the fulfillment of that contract on the terms agreed by the parties.

POST SURVEY

(To fulfill at the return)

Return date: _____

1. Generally, values the experience (select only 1 option):

(Very bad) -3 -2 -1 0 +1 +2 +3 (Very good)

2. Would you like to repeat the experience? (select only 1 option):

Yes No

3. What use have you given (mainly) to the electric vehicle? (select only 1 option):

Urban Interurban Highway

4. Do you consider to purchase an electric vehicle? (select only 1 option):

Yes because _____

Not because _____

5. Comparing an electric vehicle with a conventional vehicle (select only 1 option):

Noise: Better Same Worse No answer

Driving: Better Same Worse No answer

Safety: Better Same Worse No answer

Autonomy: Better Same Worse No answer

Answer only if you have recharged:

Refueling / Recharging: Better Same Worse No answer

6. During use, how much have you been worried about running out of battery? (select only 1 option):

(Nothing) 0 1 2 3 4 5 6 (A lot)

7. How do you feel about electric vehicle (select only 1 option):

(Very negative) -3 -2 -1 0 +1 +2 +3 (Very positive)

8. Comments and suggestions (if applicable):
