STRING METAVERSE: Questionnaire

Thank you for participating to these trials!

Please answer the following questions.
In the first section, Section 1, you will find questions related general data on you and the type of trial you took part in.
During your trial, you experienced the system in three different modes:
1. controlling the robot with the VR headset on, with no clear objective
2. controlling the robot with the VR headset on, with the objective of avoiding obstacles
3. controlling the robot without the VR headset, with a number of small tasks to accomplish.
In Sections 2, 3 and 4 you will find questions related to each one of these configurations.
In the final section of this survey, Section 5, you will be presented to general questions on the overall experience. Please feel free to add any comments or suggestions.

General Information

1. What is your gender?

    ◯   Woman

    ◯   Man

    ◯   Non-binary

    ◯   Prefer not to say

2. How old are you? [Please write a number]

    [_____]

3. How did you control the robot in your trials?

○   Two gloves

○   One glove to control the wheels and strings to control the arm

○   One glove to control the arm and strings to control the wheels

MODE 1: VR Headset ON, no objectives

Please answer the following questions concerning your trial without goals and with Oculus VR headset on

4. Please, state how much do you agree or disagree with each of the following statements.

	Completely disagree	Disagree	Somehow disagree	Nor agree or disagree	Somehow agree	Agree	Completely Agree
I felt as if the robot was my body	○	○	○	○	○	○	○
It seemed as I might have more than one body	○	○	○	○	○	○	○
I felt like I could control the robot as if it was my own body	○	○	○	○	○	○	○
I felt as if the robot was moving by itself	○	○	○	○	○	○	○
I felt out of my body	○	○	○	○	○	○	○
I felt that my own behavior could be affected by the robot	○	○	○	○	○	○	○
I had the feeling that the robot might be harmed because of me	○	○	○	○	○	○	○
I was always able to understand what was happening	○	○	○	○	○	○	○

5. How challenging was to control the robot?

☆ ☆ ☆ ☆ ☆

6. How much did the elastic resistance of the controls make you feel connected to the robot?

☆ ☆ ☆ ☆ ☆

7. How much did the vibrations of the gloves make you feel connected to the robot?

☆ ☆ ☆ ☆ ☆

8. How much did the sound produced by the robot make you feel connected to it?

☆ ☆ ☆ ☆ ☆

9. How would you have liked to perceive the "robot's point of view"? Please feel free to share any idea, especially if different from the system you tried.

MODE 2: VR Headset ON, with an objective

Please answer the following questions concerning your trial with the goal or reaching/avoiding obstacles and with Oculus VR headset on

10. Please, state how much do you agree or disagree with each of the following statements.

	Completely disagree	Disagree	Somehow disagree	Nor agree or disagree	Somehow agree	Agree	Completely Agree
I felt as if the robot was my body	◯	◯	◯	◯	◯	◯	◯
It seemed as I might have more than one body	◯	◯	◯	◯	◯	◯	◯
I felt like I could control the robot as if it was my own body	◯	◯	◯	◯	◯	◯	◯
I felt as if the robot was moving by itself	◯	◯	◯	◯	◯	◯	◯
I felt out of my body	◯	◯	◯	◯	◯	◯	◯
I felt that my own behavior could be affected by the robot	◯	◯	◯	◯	◯	◯	◯
I had the feeling that the robot might be harmed because of me	◯	◯	◯	◯	◯	◯	◯
I was always able to understand what was happening	◯	◯	◯	◯	◯	◯	◯

11. How challenging was to control the robot?

☆ ☆ ☆ ☆ ☆

12. How much did the elastic resistance of the controls make you feel connected to the robot?

☆ ☆ ☆ ☆ ☆

13. How much did the vibrations of the gloves make you feel connected to the robot?

☆ ☆ ☆ ☆ ☆

14. How much did the sound produced by the robot make you feel connected to it?

☆ ☆ ☆ ☆ ☆

15. How would you have liked to perceive the "robot's point of view"? Please feel free to share any idea, especially if different from the system you tried.

[text input box]

MODE 3: VR Headset OFF

Please answer the following questions concerning your trial when you could see the robot.

16. Please, state how much do you agree or disagree with each of the following statements.

	Completely disagree	Disagree	Somehow disagree	Nor agree or disagree	Somehow agree	Agree	Completely Agree
I felt as if the robot was my body	○	○	○	○	○	○	○
It seemed as I might have more than one body	○	○	○	○	○	○	○
I felt like I could control the robot as if it was my own body	○	○	○	○	○	○	○
I felt as if the robot was moving by itself	○	○	○	○	○	○	○
I felt out of my body	○	○	○	○	○	○	○
I felt that my own behavior could be affected by the robot	○	○	○	○	○	○	○
I had the feeling that the robot might be harmed because of me	○	○	○	○	○	○	○
I was always able to understand what was happening	○	○	○	○	○	○	○

17. How challenging was to control the robot?

☆ ☆ ☆ ☆ ☆

18. How much did the elastic resistance of the controls make you feel connected to the robot?

☆ ☆ ☆ ☆ ☆

19. How much did the vibrations of the gloves make you feel connected to the robot?

☆ ☆ ☆ ☆ ☆

20. How much did the sound produced by the robot make you feel connected to it?

☆ ☆ ☆ ☆ ☆

General questions

21. In general, in what way would you have liked to control the robot? Please feel free to share any idea, especially if different from the system you tried.

22. Overall, how much did you enjoy the experience?

☆ ☆ ☆ ☆ ☆

23. What did you enjoy the most?

24. What did you enjoy the least?

25. Please feel free to add any comments or suggestions of any kind

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