**Experiment 1**

**No:**

**Name:**

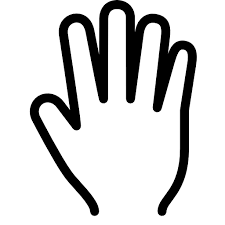
**Parameters:**

**🞎Only-visual 🞎Only-haptic 🞎Visual-haptic**

**Directional Correlation:**

**🞎 Positive correlation 🞎 Negative correlation**

1. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
2. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
3. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
4. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
5. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
6. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
7. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
8. **Describe the direction of motion or angle of rotation you perceive in the diagram below**
9. **Please Describe your experience of force feedback on various parts of your palm.**



1. **Why are you describing it that way, please explain appropriately or take some notes here.**