

Pre-Project Echoscape-VR Spatial Cognition Survey

* Required

1. What is your BCU Email Address (It will only be used as ID. It will not be published)

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2. I have read and understand the Project's Information Sheet. The Information sheet can be found here: [https://mailbcuac-my.sharepoint.com/:w:/g/personal/basmah_arif_mail_bcu_ac_uk/ERjnWNZTp-1Lg_KnS5QtzhsBNde4DPvxJvq\\$ECf3jYIAsg?e=Y48aht](https://mailbcuac-my.sharepoint.com/:w:/g/personal/basmah_arif_mail_bcu_ac_uk/ERjnWNZTp-1Lg_KnS5QtzhsBNde4DPvxJvq$ECf3jYIAsg?e=Y48aht) *

☐ Yes

☐ No

3. I have read the consent form and agree to be included in the Project (YES to all statements). The consent form can be found here: https://mailbcuac-my.sharepoint.com/:w:/g/personal/basmah_arif_mail_bcu_ac_uk/EewJx4Q5j35CpRfntYK2K0IBMx6kkp5y-mA9B4-0lvwWzg?e=x2pccZ *

☐ Yes

☐ No

4. What will best describe your status? *

☐ Student

☐ Employed

☐ Unemployed

5. What is your age? *

☐ 18-20

☐ 21-24

☐ 25-29

☐ 30-34

☐ 35-39

☐ 40-44

☐ 45-54

☐ 55 and over

☐ I prefer not to say

6. What's your ethnicity? *

- ☐ Arab
- ☐ Asian - Bangladeshi
- ☐ Asian - Chinese
- ☐ Asian - Indian
- ☐ Asian - Other
- ☐ Asian - Pakistani
- ☐ Black - African
- ☐ Black - Caribbean
- ☐ Black - Other
- ☐ Mixed - Other
- ☐ Mixed - White/Asian
- ☐ White - English
- ☐ White - Irish
- ☐ White - Other
- ☐ Prefer not to say

7. Do you have a Disability or Medical Condition? *

- ☐ Yes
- ☐ No

8. If yes, has this affected your engagement with Virtual Reality in this trial?

- ☐ Yes
- ☐ No

9. Which study year are you in?

- ☐ BSc Year 1
- ☐ BSc Year 2
- ☐ BSc Year 3
- ☐ MSc Student

10. I have significant prior experience with virtual reality (VR) environments.

- (Scale: 1 - Strongly Disagree , 5 - Strongly Agree)

*



11. How comfortable are you with pathfinding in 3D video games or virtual environments?

- (Scale: 1 - Very uncomfortable , 5 - Very Comfortable)

*



12. How easily can you remember locations using visual landmarks or colored pathways?

- (Scale: 1 - Very difficult, 5 - Very easy)

*



13. Are you prone to motion sickness or discomfort in 3D virtual environments?

- (Scale: 1 - Never , 5 - Always)

*



14. When finding your way in a new location, do you mentally create a map of the environment?

- (Scale: 1 - Never , 5 - Always)

*



15. How would you describe your overall sense of direction?

- (Scale: 1 - Very Poor , 5 - Excellent)

*



16. Which type of cues do you usually rely on most for pathfinding in new environments? *

- ☐ Only visual cues (maps, signs)
- ☐ Mostly visual cues, with some auditory cues
- ☐ Visual and auditory cues equally
- ☐ Mostly auditory cues, with some visual cues
- ☐ Only auditory cues (sounds, directions)

17. I expect to remain fully focused during the VR pathfinding task *

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I am confident that I will complete the objectives successfully in the VR environment. *

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. I expect that the pathfinding task will be challenging but achievable. *

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. What strategy (if any) do you plan to use for pathfinding during the VR experience? *

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