

# User Testing Evaluation Survey

Evaluation form for Visual Field Testing System

\* Indicates required question

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1. Participant ID \*

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2. Age \*

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Test 1

3. Tested Eye \*

*Mark only one oval.*

☐ Left

☐ Right

4. Feedback system \*

*Mark only one oval.*

☐ with Visual Feedback

☐ without Visual Feedback

5. How comfortable was the VR headset \*

Mark only one oval.

1	2	3	4	5		
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Comfortable
<hr/>						

6. Please describe any symptoms you've felt \*

Mark only one oval per row.

	None	A little	Somewhat	Often	Always
<hr/>					
<b>General discomfort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
<b>Fatigue</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
<b>Headache</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
<b>Eye strain</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
<b>Difficulty focusing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
<b>Nausea</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
<b>Blurred vision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					

7. How focused are you during the test? \*

Mark only one oval.

1	2	3	4	5		
<hr/>						
Corr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely Focused
<hr/>						

8. Tested Eye \*

*Mark only one oval.*

- ☐ Left  
☐ Right

9. Feedback system \*

*Mark only one oval.*

- ☐ with Visual Feedback  
☐ without Visual Feedback

10. How comfortable was the VR headset \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Comfortable

11. Please describe any symptoms you've felt \*

Mark only one oval per row.

	None	A little	Somewhat	Often	Always
<b>General discomfort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fatigue</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Headache</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Eye strain</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulty focusing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nausea</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Blurred vision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How focused are you during the test? \*

Mark only one oval.

	1	2	3	4	5
Corr <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Completely Focused					

Test 3

13. Tested Eye \*

Mark only one oval.

☐ Left

☐ Right

14. Feedback system \*

Mark only one oval.

- ☐ with Visual Feedback
- ☐ without Visual Feedback

15. How comfortable was the VR headset \*

Mark only one oval.

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Comfortable

16. Please describe any symptoms you've felt \*

Mark only one oval per row.

	None	A little	Somewhat	Often	Always
<b>General discomfort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fatigue</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Headache</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Eye strain</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulty focusing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nausea</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Blurred vision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How focused are you during the test? \*

*Mark only one oval.*

1   2   3   4   5

Corr ☐ ☐ ☐ ☐ ☐ Completely Focused

#### Test 4

18. Tested Eye \*

*Mark only one oval.*

☐ Left

☐ Right

19. Feedback system \*

*Mark only one oval.*

☐ with Visual Feedback

☐ without Visual Feedback

20. How comfortable was the VR headset \*

*Mark only one oval.*

1   2   3   4   5

Very ☐ ☐ ☐ ☐ ☐ Very Comfortable

21. Please describe any symptoms you've felt \*

Mark only one oval per row.

	None	A little	Somewhat	Often	Always
<b>General discomfort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fatigue</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Headache</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Eye strain</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulty focusing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nausea</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Blurred vision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How focused are you during the test? \*

Mark only one oval.

	1	2	3	4	5
Corr <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completely Focused					

## Post Study

23. How mentally demanding were the tasks? \*

Mark only one oval.

	1	2	3	4	5
Very <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very High					

24. How physically demanding were the tasks? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very High

25. How hurried or rushed were the pace of the tasks? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very High

26. How successful were you in accomplishing what you were asked to do? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very High

27. How hard did you have to work to accomplish your level of performance? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very High



28. How insecure, discouraged, irritated, stressed, and annoyed were you? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very High

29. How clear was the instructions provided for the test? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Clear

30. How difficult was it to focus on the center dot? \*

*Mark only one oval.*

	1	2	3	4	5	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Easy

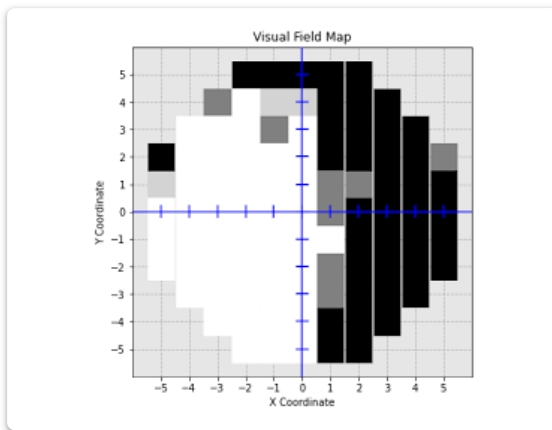
31. Is the time allocated to react sufficient? \*

*Mark only one oval.*

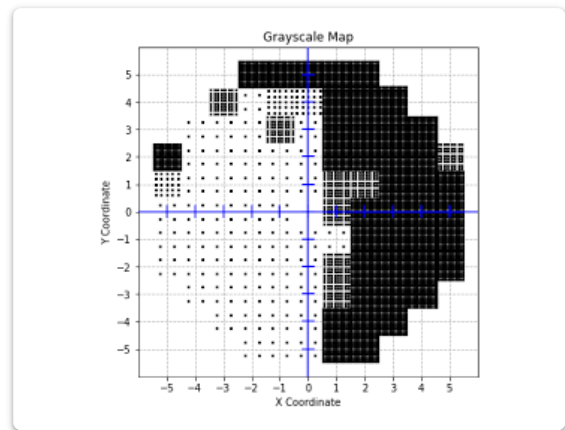
	1	2	3	4	5	
Too	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too long

32. Which generated graph do you prefer? \*

Mark only one oval.



☐ Option 1



☐ Option 2

33. Which test do you prefer? \*

Mark only one oval.

- ☐ With Visual Feedback
- ☐ Without Visual Feedback

34. Why did you prefer that test? \*

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35. Was the visual feedback useful? \*

Mark only one oval.

- ☐ Yes
- ☐ No

36. Do you have any specific difficulties in finishing your task? \*

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37. Overall, how would you describe the experience? \*

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38. Do you have any ideas on how to improve the system?

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