

# EXPLORE technical trial: questionnaires and questions

Answer the second and third questions only the first time you're presented with this form.

*\*Campo obbligatorio*

1. What interface are you compiling the form for? \*

*Contrassegna solo un ovale.*

- ☐ EGO (First-Person View interface only)
- ☐ EXO (Third-Person View interface + the drone camera footage)

2. Are you familiar with drones?

*Contrassegna solo un ovale.*

- ☐ Yes
- ☐ No

3. Are you familiar with simulators and/or 3D games?

*Contrassegna solo un ovale.*

- ☐ Yes
- ☐ No

## Simulator Sickness Questionnaire

Select how much each symptom below is affecting you right now.

- 1 for "None"
- 2 for "Slight"
- 3 for "Moderate"
- 4 for "Severe"

4. General discomfort \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

5. Fatigue \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

6. Headache \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

7. Eye strain \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

8. Difficulty focusing \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

9. Salivation increasing \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

10. Sweating \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

11. Nausea \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

12. Difficulty concentrating \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

13. "Fullness of the head" \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

14. Blurred vision \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

15. Dizziness with eyes open \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

16. Dizziness with eyes closed \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

17. Vertigo (loss of orientation with respect to vertical upright) \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

18. Stomach awareness (a feeling of discomfort which is just short of nausea) \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

19. Burping \*

*Contrassegna solo un ovale.*

	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

**System Usability  
Scale**

Usability is defined as the appropriateness to a purpose of any particular tool or system.





28. I felt very confident using the system \*

*Contrassegna solo un ovale.*

1 2 3 4 5

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Strongly disagree ☐ ☐ ☐ ☐ ☐ Strongly agree

29. I needed to learn a lot of things before I could get going with this system \*

Contrassegna solo un ovale.

1 2 3 4 5

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Strongly disagree ☐ ☐ ☐ ☐ ☐ Strongly agree

## Situational Awareness Rating Technique

Measures how aware a person was during task performance.

30. Instability of situation: how changeable is the situation? Is the situation highly unstable and likely to change suddenly (High) or is it very stable and straightforward (Low)? \*

*Contrassegna solo un ovale.*

[illegible]

31. Complexity of situation: how complicated is the situation? Is it complex with many interrelated components (High) or is it simple and straightforward (Low)?

Contrassegna solo un ovale.

[illegible]



32. Variability of situation: how many variables are changing within the situation?  
Are there a large number of factors varying (High) or are there very few variables changing (Low)? \*

Contrassegna solo un ovale.

[illegible]

33. Arousal: how aroused are you in the situation? Are you alert and ready for activity (High) or do you have a low degree of alertness (Low)? \*

Contrassegna solo un ovale.

[illegible]

34. Concentration of attention: how much are you concentrating on the situation? Are you concentrating on many aspects of the situation (High) or focused on only one (Low)? \*

Contrassegna solo un ovale.

[illegible]

35. Division of attention: how much is your attention divided in the situation? Are you concentrating on many aspects of the situation (High) or focused on only one (Low)? \*

Contrassegna solo un ovale.

[illegible]

36. Spare mental capacity: how much mental capacity do you have to spare in the situation? Do you have sufficient to attend to many variables (High) or nothing to spare at all (Low)? \*

*Contrassegna solo un ovale.*

	1	2	3	4	5	6	7	
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

37. Information quantity: how much information have you gained about the situation? Have you received and understood a great deal of knowledge (High) or very little (Low)? \*

*Contrassegna solo un ovale.*

	1	2	3	4	5	6	7	
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

38. Familiarity with situation: how familiar are you with the situation? Do you have a great deal of relevant experience (High) or is it a new situation (Low)? \*

*Contrassegna solo un ovale.*

	1	2	3	4	5	6	7	
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

### Final questions

Answer these questions only when you have used both interfaces.

39. In your opinion, what was the most useful approach to complete the task?

*Contrassegna solo un ovale.*

- ☐ EGO (First-Person View interface only)
- ☐ EXO (Third-Person View interface + the drone camera's footage)

40. Do you think the information provided to you by the EXO interface was too much?

*Contrassegna solo un ovale.*

☐ Yes

☐ No

41. How can the EXO interface be improved?

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