Gend	ler *
	Male
(i	- Female
	Prefer not to say
What	is your age range? *
) l	Jnder 18
0	18 - 24
O 2	25 - 34
0 3	35 - 44
	45 and above
Part	I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
Never
Rarely
Occasionally
Occasionally
Occasionally Often

How immersive was the virtual environment? *	
Not at all immersive	
1	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment?	*
	*
environment?	*
environment? Not at all	*
environment? Not at all 1	*
environment? Not at all 1 2	*
environment? Not at all 1 2 3	*
environment? Not at all 1	*

Did you feel that the virtual environment responded appropriately to your actions and movements?	*
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? * Very poor 1	
Part II: Flow	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Comp	etely absorbed
How m	nuch did you enjoy the experience? *
How m	
Not at	
Not at	
Not at 1 2 3	
Not at 1 2 3	all O O O
Not at 1 2 3 4	all

How cl	ear were the goals of the VR experience? *
Not cle	ear at all
1	
2	
3	
4	
5	
Compl	etely clear
How ch	nallenging was the interaction with the environment? *
	nallenging was the interaction with the environment? * all challenging
Not at	
Not at	all challenging
Not at 1 2	all challenging
Not at 1 2 3	all challenging
Not at 1 2 3 4	all challenging

How muc	ch control did you feel you had over your movements in the environment? *
No contro	ol at all
1 (
2	
3 (
4 (
5 (
Complete	control
Not at all 1 2 3 4 5	focused Coused Coused

Were you able to keep track of time in the real world while interacting with the virtual environment?	*
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
○ No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
✓ Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
Extremely intense
Did you experience any discomfort during the experience? *
Yes
O No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
○ Yes
No
Thank you!

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Google Forms

Gender *
Male
○ Female
O Prefer not to say
What is your age range? *
Under 18
18 - 24
O 25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
 Never Rarely Occasionally Often Always

How in	nmersive was the virtual environment? *
Not at	all immersive
1	
2	
3	
4	
5	
Compl	etely immersive
Did you enviror Not at 1 2 3 4	
Compl	etely

Did you feel that the virtual environment responded appropriately to your actions and movements?	
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? * Very poor	
1	
2	
3	
4	
5	
Very good	
Part II: Flow	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Compl	etely absorbed
Not at	all
Not at	all O
Not at 1 2	all O O O
Not at 1 2 3	all O O O
Not at 1 2 3 4	all

lear were the goals of the VR experience? *
ear at all
letely clear
hallenging was the interaction with the environment? *
all challenging
hallenging

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual	*
environment?	
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
O No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
Extremely intense
Did you experience any discomfort during the experience? *
Yes
O No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
YesNo
Thank you!

This content is neither created nor endorsed by Google.

Google Forms

Gender *
O Male
Female
Prefer not to say
What is your age range? *
Under 18
O 18 - 24
O 25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
Never
NeverRarely
Rarely

How immersive was the virtual environment? *	
Not at all immersive	
1	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment? Not at all 2	*
3 4 5 Completely	

Did you feel that the virtual environment responded appropriately to your actions and movements?	*
Not at all	
1 (
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? *	
Very poor 1	
 1	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Comp	letely absorbed
How n	nuch did you enjoy the experience? *
Not at	all
1	
2	
3	
4	
5	
Very r	nuch

How cl	elear were the goals of the VR experience? *		
	Not clear at all		
1			
2			
3			
4			
5			
Comple	letely clear		
Not at a 1 2 3 4 5			
_			

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual environment?	r
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
○ No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
✓ Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? * Not intense at all 1
Did you experience any discomfort during the experience? *
Yes
No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
YesNo
Thank you!

This content is neither created nor endorsed by Google.

Google Forms

Gender *
Male
○ Female
Prefer not to say
What is your age range? *
Under 18
O 18 - 24
25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
Never
Rarely
Occasionally
Often
Always

· · · · · · · · · · · · · · · · · · ·	
How immersive was the virtual environment? *	
Not at all immersive	
1	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment? Not at all 1	*

Did you feel that the virtual environment responded appropriately to your actions and movements?	; *
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? * Very poor 1	
5 Very good	

	· · · · · · · · · · · · · · · · · · ·
How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Compl	etely absorbed
How m	nuch did you enjoy the experience? *
Not at	all
1	
2	
3	
4	
5	
Very m	nuch

How c	lear were the goals of the VR experience? *		
Not cle	Not clear at all		
1			
2			
3			
4			
5			
Compl	letely clear		
Not at 1 2 3 4	hallenging was the interaction with the environment? * all challenging		

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual environment?	*
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
○ No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
✓ Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
Extremely intense
Did you experience any discomfort during the experience? *
Yes
○ No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
○ Yes
No
Thank you!

Gender *
O Male
Female
O Prefer not to say
What is your age range? *
Under 18
18 - 24
O 25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
 Never Rarely Occasionally Often Always

How immersive was the virtual environment? *	
Not at all immersive	
1	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment? Not at all 1	

Did you feel that the virtual environment responded appropriately to your actions and movements?	d *
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? * Very poor 1	
Part II: Flow	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Compl	letely absorbed
How m	nuch did you enjoy the experience? *
Not at	all
1	
2	
3	
4	
4 5	

How clear were the goals of the VR experience? *
Not clear at all
1
2
3
4
5
Completely clear
How challenging was the interaction with the environment? *
Not at all challenging
1
2
3
4
5
Very challenging

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual environment?	
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
5 Contract of the second secon
Extremely intense
Did you experience any discomfort during the experience? *
Yes
No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
Yes
O No
Thank you!

Gender *
Male
○ Female
Prefer not to say
What is your age range? *
Under 18
O 18 - 24
O 25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
O Not at all
Somewhat
Moderately
Very much
Completely
How often did you forget that you were in a virtual environment? *
How often did you forget that you were in a virtual environment? * Never
O Never
NeverRarely
NeverRarelyOccasionally

How immersive was the virtu	ual environment? *	
Not at all immersive		
1		
2		
3		
4		
5		
Completely immersive		
Did you feel like you were ab environment? Not at all 2 3	ole to control your actions and movements in the virtual	*
environment? Not at all 1 2	ole to control your actions and movements in the virtual	*
environment? Not at all 1	ole to control your actions and movements in the virtual	*

Did you feel that the virtual environment responded appropriately to your actions movements?	and *
Not at all	
1	
2	
3	
4	
5	
Completely	
Very poor 1 2 3 4 Very good Very good	
Part II: Flow	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Comp	etely absorbed
How m	nuch did you enjoy the experience? *
	identiala you enjoy the experience:
Not at	
Not at	
Not at	
Not at 1 2 3	
Not at 1 2 3	all O O O
Not at 1 2 3 4	all

How clear were the goals of the VR experience? *	
Not clear at all	
1 (
2	
3	
4	
5	
Completely clear	
How challenging was the interaction with the environment? *	
How challenging was the interaction with the environment? * Not at all challenging	
Not at all challenging	
Not at all challenging 1	
Not at all challenging 1 2	
Not at all challenging 1 2 3	
Not at all challenging 1 2 3 4	

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual environment?	:
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
O Yes	
No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? * Not intense at all 1
Did you experience any discomfort during the experience? *
Yes
No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
Yes
○ No
Thank you!

Gender *
O Male
Female
O Prefer not to say
What is your age range? *
Under 18
18 - 24
O 25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
Never
Rarely
Occasionally
Often
Always

How immersive was the virtual environment? *	
Not at all immersive	
1 ()	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment?	*
	*
environment?	*
environment? Not at all	*
environment? Not at all 1	*
environment? Not at all 1	*
environment? Not at all 1	*
environment? Not at all 1	*

Did you feel that the virtual environment responded appropriately to your actions and movements?	*
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? *	
Very poor 1	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Comp	letely absorbed
How n	nuch did you enjoy the experience? *
Not at	all
1	
2	
3	
4	
5	

How c	lear were the goals of the VR experience? *
Not cle	ear at all
1	
2	
3	
4	
5	
Comp	letely clear
How c	hallenging was the interaction with the environment? *
	hallenging was the interaction with the environment? * all challenging
Not at	
Not at	
Not at 1 2	all challenging O
Not at 1 2 3	all challenging O
Not at 1 2 3 4 5	all challenging O

How much control did you feel you had over your movements in the environment? *	
No control at all	
1	
2	
3	
4	
5	
Complete control	
How focused were you during experience? *	
Not at all focused	
1 (
2	
3	
4	
5	
Completely focused	

Were you able to keep track of time in the real world while interacting with the virtual environment?	*
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
O No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
✓ Headache
Eye strain
Fatigue Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? * Not intense at all 1
Did you experience any discomfort during the experience? *
Yes
○ No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
YesNo
Thank you!

Gender *
○ Female
Prefer not to say
What is your age range? *
Under 18
18 - 24
25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
O Not at all
Somewhat
Moderately
O Very much
Completely
How often did you forget that you were in a virtual environment? *
How often did you forget that you were in a virtual environment? * Never
Never
NeverRarely
NeverRarelyOccasionally

How immersive was the virtual environment? *	
Not at all immersive	
1	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment?	*
	*
environment?	*
environment? Not at all	*
environment? Not at all 1	*
environment? Not at all 1	*
environment? Not at all 1	*
environment? Not at all 1	*

Did you feel that the movements?	e virtual environment responded appropriately to your actions and	*
Not at all		
1 (
2		
3		
4		
5		
Completely		
How would you rate Very poor 1 2 3 4 5 Very good	e your overall experience with the VR demo? *	
Part II: Flow		

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Comp	letely absorbed
How n	nuch did you enjoy the experience? *
Not at	all
1	
2	
3	
4	
5	
Very n	nuch

How cl	ear were the goals of the VR experience? *
Not cle	ear at all
1	
2	
3	0
4	
5	
Compl	etely clear
How cl	nallenging was the interaction with the environment? *
	ialienging was the interaction with the environment:
	all challenging
Not at	
Not at	all challenging
Not at 1 2	all challenging
Not at 1 2 3	all challenging
Not at 1 2 3 4	all challenging

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual environment?	*
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
○ Yes	
No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
Extremely intense
Did you experience any discomfort during the experience? *
Yes
No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
Yes No
Thank you!

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Google Forms

Solar System Vr

Gender *
Male
○ Female
O Prefer not to say
What is your age range? *
Under 18
18 - 24
O 25 - 34
35 - 44
45 and above
Part I: Presence

То	what extent did you feel present in the virtual environment? *
0	Not at all
0	Somewhat
0	Moderately
0	Very much
•	Completely
Ho	w often did you forget that you were in a virtual environment? *
Ho	w often did you forget that you were in a virtual environment? * Never
	Never
	Never Rarely
	Never Rarely Occasionally
	Never Rarely Occasionally Often

How immersive was the virtual environment? *	
Not at all immersive	
1	
2	
3	
4	
5	
Completely immersive	
Did you feel like you were able to control your actions and movements in the virtual environment? Not at all 1	*

Did you feel that the virtual environment responded appropriately to your actions and movements?	*
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? * Very poor	
1	
2	
3	
4	
5	
Very good	
Part II: Flow	

How at	osorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Comple	etely absorbed
How m	uch did you enjoy the experience? *
Not at	all
1	
2	
3	
4	
5	
Very m	uch

How c	lear were the goals of the VR experience? *
Not cle	ear at all
1	
2	
3	
4	
5	
Compl	etely clear
Not at 1 2 3 4	hallenging was the interaction with the environment? * all challenging

How much control did you feel you had over your movements in the environment? *
No control at all
1
2
3
4
5
Complete control
How focused were you during experience? * Not at all focused 1

Were you able to keep track of time in the real world while interacting with the virtual environment?	*
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Did you experience any symptoms of motion sickness during the experience:	
Yes	
○ No	

If yes, please indicate which symptoms you experienced
✓ Nausea
Sweating
Dizziness
Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
Extremely intense
Did you experience any discomfort during the experience? *
Yes
○ No

Did you feel any disorientation or confusion during the experience? *
YesNo
Would you use this VR technology again in the future? *
Yes
O No
Thank you!

This content is neither created nor endorsed by Google.

Google Forms

Solar System Vr

Gender *
Female
Prefer not to say
What is your age range? *
Under 18
18 - 24
25 - 34
35 - 44
45 and above
Part I: Presence

To what extent did you feel present in the virtual environment? *
 Not at all Somewhat Moderately Very much Completely
How often did you forget that you were in a virtual environment? *
Never
RarelyOccasionally
Often Always

How imr	mersive was the virtual environment? *
Not at al	Il immersive
1 (
2 (
3 (
4 (0
5 (
Complet	tely immersive
environn Not at al 1 2 3	
Complet	

Did you feel that the virtual environment responded appropriately to your actions and movements?	
Not at all	
1	
2	
3	
4	
5	
Completely	
How would you rate your overall experience with the VR demo? * Very poor	
1	
2	
3	
4	
5	
Very good	
Part II: Flow	

How a	bsorbed were you in the VR experience? *
Not at	all absorbed
1	
2	
3	
4	
5	
Compl	etely absorbed
How m	nuch did you enjoy the experience? *
How m	
Not at	
Not at	all O
Not at 1 2 3	all O
Not at 1 2 3	all O O O
Not at 1 2 3 4	all

How c	ear were the goals of the VR experience? *
Not cle	ear at all
1	
2	
3	
4	
5	
Compl	etely clear
How c	hallenging was the interaction with the environment? *
	hallenging was the interaction with the environment? *
	all challenging
Not at	
Not at	all challenging
Not at 1 2	all challenging
Not at 1 2 3	all challenging
Not at 1 2 3 4 5	all challenging

How much control did you feel you had over your movements in the environment? *
No control at all
1
2 🔘
3
4
5
Complete control
How focused were you during experience? *
Not at all focused
1
2
3
4
5
Completely focused

Were you able to keep track of time in the real world while interacting with the virtual environment?	*
Not at all	
1	
2	
3	
4	
5	
Very much	
Part III: Cybersickness	
Did you experience any symptoms of motion sickness during the experience? *	
Yes	
No	

If yes, please indicate which symptoms you experienced
Nausea
Sweating
Dizziness
Headache
Eye strain
Fatigue
Other:
On a scale of 1 to 5, how intense were your symptoms of motion sickness? *
Not intense at all
1
2
3
4
5
5 Contract of the second secon
Extremely intense
Did you experience any discomfort during the experience? *
Yes
No

Did you feel any disorientation or confusion during the experience? *
Yes No
Would you use this VR technology again in the future? *
Yes
No
Thank you!

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