Solar System Vr

Gender *

- (●) Male
- ( ) 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
- ○ 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 ○
- 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 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very much

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
- [x] Dizziness
- [x] Headache
- [x] 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? *

- (●) Yes
- ( ) No

Would you use this VR technology again in the future? *

- ( ) Yes
- (●) No

Thank you!

Solar System Vr

Gender *

- (●) Male
- ( ) Female
- ( ) Prefer not to say

What is your age range? *

- ( ) Under 18
- (●) 18 - 24
- ( ) 25 - 34
- ( ) 35 - 44
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Part I: Presence

To what extent did you feel present in the virtual environment? *

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- ◉ Rarely
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- ○ 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 ○
- 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 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very much

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

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If yes, please indicate which symptoms you experienced

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- [ ] Other: .....

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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? *

- (●) Yes
- ( ) No

Would you use this VR technology again in the future? *

- ( ) Yes
- (●) No

Thank you!

Solar System Vr

Gender *

- ○ Male
- ◉ Female
- ○ Prefer not to say

What is your age range? *

- ◉ Under 18
- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
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Part I: Presence

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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 ○
- 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 ○
- 2 ○
- 3 ◉
- 4 ○
- 5 ○

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very much

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

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If yes, please indicate which symptoms you experienced

- [ ] Nausea
- [ ] Sweating
- [ ] Dizziness
- [x] 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? *

- (●) Yes
- ( ) No

Would you use this VR technology again in the future? *

- (●) Yes
- ( ) No

Thank you!

Solar System Vr

Gender *

- (●) Male
- ( ) Female
- ( ) Prefer not to say

What is your age range? *

- ( ) Under 18
- ( ) 18 - 24
- ( ) 25 - 34
- (●) 35 - 44
- ( ) 45 and above

Part I: Presence

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- ○ Not at all
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- ○ 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 ○
- 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 ○
- 2 ○
- 3 ◉
- 4 ○
- 5 ○

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ◉
- 4 ○
- 5 ○

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ◉
- 4 ○
- 5 ○

Very much

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
- [x] Headache
- [x] 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? *

- (●) Yes
- ( ) No

Would you use this VR technology again in the future? *

- ( ) Yes
- (●) No

Thank you!

Solar System Vr

Gender *

- ○ Male
- ◉ 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
- ○ 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 ○
- 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 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Very much

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 ( )

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!

Solar System Vr

Gender *

- (•) Male
- ( ) 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
- ○ 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 ○
- 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 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very much

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? *

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- [ ] Nausea
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- [ ] 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? *

- ○ Yes
- ◉ No

Would you use this VR technology again in the future? *

- ◉ Yes
- ○ No

Thank you!

Solar System Vr

Gender *

- ○ Male
- ◉ Female
- ○ Prefer not to say

What is your age range? *

- ○ Under 18
- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
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Part I: Presence

To what extent did you feel present in the virtual environment? *

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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

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- 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 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very much

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? *

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If yes, please indicate which symptoms you experienced

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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? *

- (●) Yes
- ( ) No

Would you use this VR technology again in the future? *

- ( ) Yes
- (●) No

Thank you!

Solar System Vr

Gender *

- ○ Male
- ○ 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? *

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- ○ Very much
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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 ○
- 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 ○
- 2 ○
- 3 ◉
- 4 ○
- 5 ○

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Completely absorbed

How much did you enjoy the experience? *

Not at all

- 1 ○
- 2 ○
- 3 ○
- 4 ◉
- 5 ○

Very much

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 (selected)
- 2
- 3
- 4
- 5

Complete control

How focused were you during experience? *

Not at all focused

- 1
- 2
- 3
- 4 (selected)
- 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? *

- (●) Yes
- ( ) No

Would you use this VR technology again in the future? *

- ( ) Yes
- (●) No

Thank you!

Solar System Vr

Gender *

- (●) Male
- ( ) 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
- ○ 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 ○
- 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 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Very good

Part II: Flow

How absorbed were you in the VR experience? *

Not at all absorbed

- 1 ○
- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Completely absorbed

How much did you enjoy the experience? *

Not at all

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- 2 ○
- 3 ○
- 4 ○
- 5 ◉

Very much

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

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- 2 ◉
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- 4 ○
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- ○ No

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- (●) Yes
- ( ) No

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- (●) Yes
- ( ) No

Thank you!

Solar System Vr

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What is your age range? *

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4 ○

5 ◉

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3 ○

4 ○

5 ○

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- 5 ○

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- ◉ No

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- ○ Yes
- ◉ No

Thank you!