

Usability Questionnaire

Part-1 Demographic Information

**How Often Do You Play Video Games:**

Everyday [ ] A few times a week [ ] A few times a month [ ] A few times a year [ ] I don’t at all [ ]

**Do You Play Horror Games:** Yes [ ] No [ ] I don’t play horror games [ ]

**What system do you use (check all that apply):** PC [ ] Mac [ ] PS3 [ ] PS4 [ ] Xbox360 [ ] Xbox One [ ] Wii(U) [ ] Nintendo Switch [ ] Other [ ]

**Highest education Obtained:**

High School Diploma [ ] Some Post-Secondary [ ] Bachelors [ ] Masters [ ] PhD. [ ]

Prefer not to say [ ] Other:

**Gender:** Male [ ] Female [ ] Prefer not to say [ ]

**Age Range:** <17 [ ] 18-25 [ ] 26-35 [ ] 36-45 [ ] >45 [ ] Prefer not to say [ ]

Part-2 Preliminary Questions & Feedback

1. **Do you ?** Yes [ ] No [ ] Unsure [ ]
2. **How often do you think you would use?**

Often [ ] Sometimes [ ] Not Often [ ] Rarely [ ] Never [ ] Prefer not to say [ ]

1. **What do you think is?**

1. **Do you have any expectations, concerns, or other thoughts regarding?**

1. **Would**
2. **Please write any other comments below:**

Part-3 Guided Questions

Part-3a

1. **Register as a**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

1. **Please log out.**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

1. **Please click “**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

1. **Please Log back in.**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

Part-3b Settings

1. **Please go to the Manage Account page and update your name to something else.**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

1. **Please find the password reset through the Manage Account page. You do not need to reset it.**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

1. **Please navigate to the idea page.**

No Concerns [ ] Some Concerns [ ] Many Concerns [ ] Needed Help [ ] Not Completed [ ]

Feedback:

Part-3 Post Questions

Part-3a Tutorial

**Would a Tutorial Have Been Beneficial?** Yes [ ] No [ ]

**If Yes, Did You Use Any?** Yes [ ] No [ ]

**If Manuals Were Used, Please Rate Helpfulness:**

Very Helpful [ ] Helpful [ ] Somewhat Helpful [ ] Neither Helpful/Unhelpful [ ] Not Helpful [ ]

Part-3b Open Questions

**Please fill in the following as best you can:**

1. **Project Night Terror controls are easy to learn (0 very hard, 10 very easy):**

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

1. **Project Night Terror controls are easy to use (0 very hard, 10 very easy):**

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

1. **The difficulty of gameplay was easy (0 very hard, 10 very easy):**

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

1. **Overall gameplay was enjoyable (0 very hard, 10 very easy):**

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

1. **Menus were visually appealing (0 not appealing, 10 very appealing):**

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

1. **The Heads Up Display was visually appealing (0 not appealing, 10 very appealing):**

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

1. **Would you recommend Project Night Terror to others?**

Yes [ ] No [ ] Maybe [ ]

1. **What did you like and didn’t like about Project Night Terror?**

1. **Is there anything you would like Project Night Terror to have or have changed?**

1. **What general comments/questions do you have about Project Night Terror?**