Likert Questions:

1. Are you right or left-handed?
   1. Right-handed
   2. Left-handed
   3. Ambidextrous
2. What is your height? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How often do you do activities that require gross motor skills (e.g. throwing a ball, climbing a tree, playing sports)?
   1. Every day
   2. A few times a week
   3. About once a week
   4. Less than once a week
   5. Never
4. How often do you do activities that require fine motor skills (e.g. drawing, crafts, playing an instrument)?
   1. Every day
   2. A few times a week
   3. About once a week
   4. Less than once a week
   5. Never
5. Please indicate your experience and comfort level with VR systems:
   1. Very Familiar
   2. Familiar
   3. Moderately Familiar
   4. Slightly Familiar
   5. Not Familiar
6. Please indicate the frequency with which you use VR systems:
   1. Never
   2. Rarely
   3. Sometimes
   4. Often
   5. Always
7. Please indicate your experience with robots:
   1. Very Familiar
   2. Familiar
   3. Moderately Familiar
   4. Slightly Familiar
   5. Not Familiar
8. Please describe how you chose what motions to use to correspond to the robots’ motions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_