

# VR Breathing Survey

Post Experiment Survey to gauge understanding of your experience using our application.

\* Required

1. Have you ever used breathing programs (such as google minute breathing) \*

*Mark only one oval.*

☐ Yes

☐ No

2. If yes, which one(s)

*Check all that apply.*

☐ Google Minute Breathing

☐ Smart Watch Minute Breathing

☐ Headspace

Other: ☐ \_\_\_\_\_

3. How helpful do you find the Google Minute Breathing Exercise to focus on your breathing \*

*Mark only one oval.*

1      2      3      4      5

Very Unhelpful ☐ ☐ ☐ ☐ ☐ Very Helpful

4. How helpful do you find the VR Breathing Visual Bubble Exercise to focus on your breathing? \*

Mark only one oval.

	1	2	3	4	5	
Very Unhelpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Helpful

5. How helpful did you find the implemented breathing exercise in terms of practicing your breathing? \*

Mark only one oval.

	1	2	3	4	5	
Not Helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Helpful

6. Do you feel your control on your breathing improved with the use of the visual aid? \*

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

7. Overall, do you feel your correctness of the breathing exercise improved from the use of the visual aid? \*

Mark only one oval.

- ☐ Yes
- ☐ Maybe
- ☐ No

8. Would you want to use this application again? \*

*Mark only one oval.*

- ☐ Yes
- ☐ Maybe
- ☐ No

9. Would you recommend a friend to use this application? \*

*Mark only one oval.*

- ☐ Yes
- ☐ Maybe
- ☐ No

10. Which part(s) do you think our VR Breathing program needs to improve? \*

*Check all that apply.*

- ☐ Design of Windows
- ☐ Sensitivity of Program
- ☐ Breathing Technique Option

Other: ☐ \_\_\_\_\_

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