

Demographic Survey Questions

ID# 1

Date: _____

Please circle one response for each question.

1. What is your gender?

- ☒ a. Male
- b. Female

2. What is your rank?

- ☒ a. W01-CW2
- b. 2LT-CPT
- c. Other

3. What is your age?

- ☒ a. 18-24
- b. 25-34
- c. 35-44

4. Do you have normal or corrected to normal vision?

- ☒ a. Yes
- b. No

5. Are you in a good state of health today?

- ☒ a. Yes
- b. No

6. What is your educational level?

- a. High School Graduate/GED equivalent
- ☒ b. 2 years of college
- c. 4 years of college
- d. Higher level – MS, PhD

7. How often do you play computer games?

- a. Daily
- ☒ b. Weekly
- c. Monthly
- d. Never

8. What is your level of experience with Virtual Reality?

- a. Novice (Played less than 10 times)
- ☒ b. Intermediate (Played more than 10 times but less than 100)
- c. Expert (Played more than 100 times)
- d. None

Pre flight

Date 21 Apr

Simulator Sickness Questionnaire

Participant 1
SSQ-X

Are you motion sick now? Circle YES or NO

Circle how much each symptom below is affecting you now.

0 = "not at all"

1 = "mild"

2 = "moderate"

3 = "severe"

- | | | | | |
|-----------------------------|----------|----------|---|---|
| 1. General discomfort | <u>0</u> | 1 | 2 | 3 |
| 2. Fatigue | 0 | <u>1</u> | 2 | 3 |
| 3. Headache | <u>0</u> | 1 | 2 | 3 |
| 4. Eyestrain | <u>0</u> | 1 | 2 | 3 |
| 5. Difficulty focusing | <u>0</u> | 1 | 2 | 3 |
| 6. Increased salivation | <u>0</u> | 1 | 2 | 3 |
| 7. Sweating | <u>0</u> | 1 | 2 | 3 |
| 8. Nausea | <u>0</u> | 1 | 2 | 3 |
| 9. Difficulty concentrating | <u>0</u> | 1 | 2 | 3 |
| 10. Fullness of head | <u>0</u> | 1 | 2 | 3 |
| 11. Blurred vision | <u>0</u> | 1 | 2 | 3 |
| 12. Dizziness (eyes open) | <u>0</u> | 1 | 2 | 3 |
| 13. Dizziness (eyes closed) | <u>0</u> | 1 | 2 | 3 |
| 14. Vertigo* | <u>0</u> | 1 | 2 | 3 |
| 15. Stomach awareness** | <u>0</u> | 1 | 2 | 3 |
| 16. Burping | <u>0</u> | 1 | 2 | 3 |

*Vertigo is experienced as loss of orientation with respect to vertical upright

**Stomach awareness is usually used to indicate a feeling of discomfort that is just short of nausea.

Flight Evaluation Score Sheet

ID# 1

Date: _____

You are currently located on the airfield at a heading of 170°.

All preflight and before takeoff checks have been completed and your call sign is Rucker One.

You will only need to communicate with tower and communication will be verbally with no keying of a microphone necessary.

Traffic pattern altitude is 1000' (+/- 100') on the downwind and 800' (+/- 100') on base, winds are calm.

Your task is to complete a Normal VMC take off, remain in the traffic pattern, and complete a VMC approach to the ground. Call ready for takeoff.

After ready for T/O call: Rucker One you are clear for takeoff, remain right closed, call base.

After base call: Rucker One you are clear to land lane 120.

TASK	SATISFACTORY	UNSATISFACTORY
Student Type	VR	PPT
VMC TAKEOFF		
Maintain takeoff heading ± 10 degrees below 50 feet above ground level (AGL) or until clear of obstacles.	✓	
Maintain desired ground track.	✓	
Maintain aircraft in trim above 50 feet AGL or as appropriate for obstacle clearance or transition to terrain flight.		✓
VMC FLIGHT MANEUVERS (TRAFFIC PATTERN)		
Turns: Rollout on desired heading ± 10 degrees.	✓	
Climbs/Descents: Stop climb/descent at desired altitude ± 100 feet.	✓ most of the time	
Comply with all ATC directives.	✓	
TASK	SATISFACTORY	UNSATISFACTORY
Student Type	VR	PPT
VMC APPROACH/LANDING TERMINATE TO GROUND		

Flight Evaluation Score Sheet

ID# 1

Date: _____

Maintain a constant approach angle clear of obstacles to desired point of termination (hover) or <u>touchdown</u> .	✓	
Maintain ground track alignment with the landing direction, as appropriate.	✓	
Align aircraft with landing direction below 50 feet or as appropriate for transition from terrain flight.	✓	
Perform a smooth and controlled <u>termination</u> to a hover or <u>touchdown</u> to the surface.	✓ Safe but not overly smooth	
TOTAL:	9	1
	10 10	10 10
PERCENTAGE:	90	10

Overall score: 90%

- understood expectations

- Safe but Chippy on control inputs

Post Flight

Date 21 Apr

Simulator Sickness Questionnaire

Participant 1
SSQ-X

Are you motion sick now? Circle YES or NO

Circle how much each symptom below is affecting you now.

0 = "not at all"

1 = "mild"

2 = "moderate"

3 = "severe"

- | | | | | |
|-----------------------------|----------|----------|---|---|
| 1. General discomfort | <u>0</u> | 1 | 2 | 3 |
| 2. Fatigue | 0 | <u>1</u> | 2 | 3 |
| 3. Headache | <u>0</u> | 1 | 2 | 3 |
| 4. Eyestrain | <u>0</u> | 1 | 2 | 3 |
| 5. Difficulty focusing | <u>0</u> | 1 | 2 | 3 |
| 6. Increased salivation | <u>0</u> | 1 | 2 | 3 |
| 7. Sweating | <u>0</u> | 1 | 2 | 3 |
| 8. Nausea | <u>0</u> | 1 | 2 | 3 |
| 9. Difficulty concentrating | <u>0</u> | 1 | 2 | 3 |
| 10. Fullness of head | <u>0</u> | 1 | 2 | 3 |
| 11. Blurred vision | <u>0</u> | 1 | 2 | 3 |
| 12. Dizziness (eyes open) | <u>0</u> | 1 | 2 | 3 |
| 13. Dizziness (eyes closed) | <u>0</u> | 1 | 2 | 3 |
| 14. Vertigo* | <u>0</u> | 1 | 2 | 3 |
| 15. Stomach awareness** | <u>0</u> | 1 | 2 | 3 |
| 16. Burping | <u>0</u> | 1 | 2 | 3 |

*Vertigo is experienced as loss of orientation with respect to vertical upright

**Stomach awareness is usually used to indicate a feeling of discomfort that is just short of nausea.