**Out of Time: Player Feedback Form**

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| **Name:** |  |

1. How visually appealing were each of the levels in the game on a scale of 1 to 10? “1 the worst, 10 the best”

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| **Main Menu** |  |
| **Help Menu** |  |
| **Level Select** |  |
| **Level 1 “Ancient Egypt”** |  |
| **Level 2 “Medieval England”** |  |
| **Level 3 “Ancient Greece”** |  |
| **Level 4 “Future New York”** |  |

1. How difficult did you find each level on a scale of 1 to 10?   
   “1 the worst, 10 the best"

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| **Level 1** |  |
| **Level 2** |  |
| **Level 3** |  |
| **Level 4** |  |

1. How fun was each of the following levels on a scale of 1 to 10?   
   “1 the worst, 10 the best”

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| **Level 1** |  |
| **Level 2** |  |
| **Level 3** |  |
| **Level 4** |  |

1. What was your opinion on each level? “can include anything for example Audio, difficulty, sound, controls”

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| **Main Menu** |  |
| **Help Menu** |  |
| **Level Select** |  |
| **Level 1** |  |
| **Level 2** |  |
| **Level 3** |  |
| **Level 4** |  |

1. What would you add, change or remove from the game?

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| **Main Menu** |  |
| **Help Menu** |  |
| **Level Select** |  |
| **Level 1** |  |
| **Level 2** |  |
| **Level 3** |  |
| **Level 4** |  |

1. Would you recommend Out of Time to a friend?   
   “Yes, No or Maybe on improvements”

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