Usability Study

For each of the following statements, please mark one box that best describes your reactions to the protection features you used today.

	Strongly Disagree				Strongly Agree
I think that I would like to use the application frequently.	1	2	3	4	5
I found the application unnecessarily complex.	1	2	3	4	5
I thought the application was easy to use.	1	2	3	4	5
I think that I would need the support of a technical person to be able to use the application.	1	2	3	4	5
I found the various functions in the application were well integrated.	1	2	3	4	5
I thought there was too much inconsistency in the application.	1	2	3	4	5
I would imagine that most people would learn to use the application very quickly.	1	2	3	4	5
I found the application very cumbersome (awkward) to use.	1	2	3	4	5
I felt very confident using the application.	1	2	3	4	5
I needed to learn a lot of things before I could get going with the application.	1	2	3	4	5

SPECIFICS

	Strongly Disagree				Strongly Agree
I was able to fulfil my task despite the intervention of the adversary.	1	2	3	4	5
I felt irritated by the protection features in general.	1	2	3	4	5
I found the "Permission Management" feature was easy to use.	1	2	3	4	5

I would not use the "Permission Management" feature if I was not told there would be an adversary.	1	2	3	4	5
I found the "Permission Management" feature very helpful.	1	2	3	4	5
I thought the "Privacy Shield" feature was difficult to use.	1	2	3	4	5
I would use the "Privacy Shield" feature even if I was not told there would be an adversary.	1	2	3	4	5
I thought the "Privacy Shield" feature was not helpful at all.	1	2	3	4	5
I thought the "Dissolve" feature was easy to use.	1	2	3	4	5
I would not use the "Dissolve" feature if I was not told there would be an adversary.	1	2	3	4	5
I found the "Dissolve" feature was very helpful.	1	2	3	4	5
I think the adversary was not able to find out secret information during the task.	1	2	3	4	5
I could not properly cooperate with my partner due to the adversary's interruptions.	1	2	3	4	5
I would like to use the protection features in day-to-day use.	1	2	3	4	5
I was confused how to use the protection features efficiently.	1	2	3	4	5
I felt the cooperation with my partner using the protection features worked smoothly.	1	2	3	4	5
I could not understand what my partner was trying to tell me.	1	2	3	4	5

For each of the following statements, please mark one box that best describes your reactions to accomplishing the given tasks using the protection features.

Mental Demand

How mentally demanding was the task?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Very Low   Very High

Physical Demand

How physically demanding was the task?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Very Low   Very High

Temporal Demand

How hurried or rushed was the pace of the task?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Very Low   Very High

Performance

How successful were you in accomplishing what you were asked to do?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Perfect   Failure

Effort

How hard did you have to work to accomplish your level of performance?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Very Low   Very High

Frustration

How insecure, discouraged, irritated, stressed, and annoyed were you?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Very Low   Very High

What did you like about the application?

What should be improved about the application?

Please state some general information about yourself.

Please state your age: _____

	Male	Female	Diverse
Please state your gender:	☐	☐	☐

	None				A lot
Please rate your previous experience with Augmented Reality:	☐	☐	☐	☐	☐

	None				A lot
Please rate your previous experience with collaborative applications (for example Teams, Spatial):	☐	☐	☐	☐	☐

	High school	Bachelors	Masters	Doctorate	Prefer not to answer
What is the highest degree or level of education you have completed?	☐	☐	☐	☐	☐

	Computer Science Field	Not Computer Science Field	Prefer not to answer
Which of the following best describes your educational background or job field?	☐	☐	☐