

Consent Form

Experiment: Virtual Reality Museum 1

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You are invited to participate in a research study that tests a Virtual Museum setup. In the experiment, you will be wearing a head-mounted display. You will explore a Virtual Museum. We use the capabilities of VR to add modifications to the museum.

Risks: The head-mounted display may cause temporary nausea and temporary dizziness in some users. The procedure will be stopped immediately when you indicate you are experiencing these or any other type of discomfort.

Participant's Rights: If you have read this form and have decided to participate in this experiment, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

If you agree with the above-stated conditions and are willing to participate in the experiment, please sign below. By signing the form, you confirm that you meet the following conditions:

- You have read the above consent form, understood it and you agree to it.
- You want to participate in the above-mentioned experiment.

Name: _____

Date: _____ **Signature:** _____

Questionnaire 1

1. **Name:**

2. **Age:**

3. **Gender:**

M - F - Other

4. **Do you have any previous experience with virtual reality (VR)?**

None ☐ ☐ ☐ ☐ ☐ A lot

5. **If you have any previous experience with VR, with which devices?**

6. **How often did you visit a museum to look at paintings in the past year?**

_____ times

7. **Please rate your level of interest in art.**

Not interested ☐ ☐ ☐ ☐ ☐ Very interested

8. **Please rate your level of interest in paintings.**

Not interested ☐ ☐ ☐ ☐ ☐ Very interested

9. **What would you say (if anything) you like about viewing art?**

10. **Do you have any previous experience with VR museum apps?**

☐ Yes ☐ No

Questionnaire 2

Please indicate your level of agreement to the following statements about your experience using our app.

1. I liked the experience.

Completely disagree ○ ○ ○ ○ ○ Completely agree

2. The experience was relaxing.

Completely disagree ○ ○ ○ ○ ○ Completely agree

3. I was bored during the experience.

Completely disagree ○ ○ ○ ○ ○ Completely agree

4. I don't want to experience this ever again.

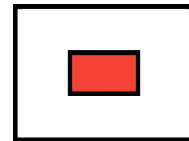
Completely disagree ○ ○ ○ ○ ○ Completely agree

5. I enjoyed the experience.

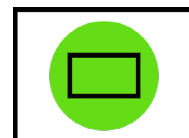
Completely disagree ○ ○ ○ ○ ○ Completely agree

Please indicate to what extent you have felt the following sentiments during the test for each type of room.

Enthusiastic	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
Distressed	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
Bored	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
At ease	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
Irritated	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
Joyful	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
Sleepy	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much
Amazed	Very slightly or not at all	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Very much



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