

# CS715 User Study Survey Project 6

All questions apart from ID are optional, feel free to skip any if you don't feel comfortable sharing

\* Indicates required question

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## Section 1: Demographics

Please complete this section before completing any tests.

1. What is your Research ID? (ask the team!) \*

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2. What is your age?

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3. What is your gender?

*Mark only one oval.*

☐ Male

☐ Female

☐ Non-binary

4. Do you have known hearing issues that affect everyday listening.

*Mark only one oval.*

☐ No

☐ Unsure

☐ Yes

5. How often (if ever) have you received formal music training, or regularly practice a musical instrument.

*Mark only one oval.*

	1	2	3	4	5	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequently

6. How often (if ever) have you used a Head Mounted Display/VR before (eg. HTC Vive, Oculus Rift)

*Mark only one oval.*

	1	2	3	4	5	
Non	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequently

7. Approximately how many hours a week do you spend playing video games?

*Mark only one oval.*

- ☐ None
- ☐ 0-1 Hours
- ☐ 1-2 Hours
- ☐ 2-5 Hours
- ☐ 5+ Hours

8. How do you perceive your current spatial awareness abilities?

*Mark only one oval.*

	1	2	3	4	5	6	7	
Not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very good

## Auditory Localisation

Complete this section after you've done the auditory localisation test.

9. How comfortable did you feel during this test? (Consider motion sickness, eye/ear strain, sensory overload, etc.)

*Mark only one oval.*

1	2	3	4	5		
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perfectly comfortable
<hr/>						

10. How did you feel you perform on this test?

*Mark only one oval.*

1	2	3	4	5		
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very good
<hr/>						

## Audio-Corsi - Auditory Memory Test

Complete this section after you've done the auditory memory test.

11. AC-ME1. I felt the task required a lot of mental effort.

*Mark only one oval.*

1	2	3	4	5		
<hr/>						
Stro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree
<hr/>						

12. AC-ME2. I found it easy to remember the sequence of sounds.

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Stro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree
<hr/>						

13. AC-SC1. I could clearly tell where each sound was coming from.

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very clear
<hr/>						

14. AC-SC2. It was easy to distinguish between different sound directions.

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very difficult
<hr/>						

15. AC-EN1. I stayed highly focused throughout the task.

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Stro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree
<hr/>						

16. AC-EN2. Doing well on this task felt important to me.

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Stro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree
<hr/>						

## Background Source Separation

Complete this section after you've done the background source separation test.

17. How comfortable did you feel during this test? (Consider motion sickness, eye/ear strain, sensory overload, etc.)

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perfectly comfortable
<hr/>						

18. How did you feel you perform on this test?

*Mark only one oval.*

	1	2	3	4	5	
<hr/>						
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very good
<hr/>						

## Museum Experience

Complete this section after finishing the museum experience

19. How comfortable did you feel during this experience? (Consider motion sickness, eye/ear strain, sensory overload, etc.)

*Mark only one oval.*

	1	2	3	4	5	6	7	8	9	10	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perfectly comfortable

20. How did you feel you perform on this test?

*Mark only one oval.*

	1	2	3	4	5	6	7	8	9	10	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very good

21. Did you find it difficult to navigate through the museum? Why?

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22. How immersed did you feel in the environment?

*Mark only one oval.*

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

23. How realistic did you find the environment?

*Mark only one oval.*

1   2   3   4   5

Not ☐ ☐ ☐ ☐ ☐ Very realistic

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