

# 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. PRE-Q1:What is your Research ID? (ask the team!) \*

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2. PRE-Q2: What is your age?

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3. PRE-Q3: What is your gender?

*Mark only one oval.*

- ☐ Male  
☐ Female  
☐ Non-binary

4. PRE-Q4: Do you have known hearing issues that affect everyday listening.

*Mark only one oval.*

- ☐ No  
☐ Unsure  
☐ Yes

5. PRE-Q5: 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. PRE-Q6: 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. PRE-Q7: 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. PRE-Q8: 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. AL-Q1: 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. AL-Q2: 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                     |                |
| Stro | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly agree |

## Background Source Separation

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

17. BG-Q1: 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                     |                       |
| Very | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Perfectly comfortable |

18. BG-Q2: How did you feel you perform on this test?

*Mark only one oval.*

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

## Museum Experience

Complete this section after finishing the museum experience

19. ME-Q1: 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. ME-Q2: 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. ME-Q3: Did you find it difficult to navigate through the museum? Why?

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22. ME-Q4: 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. ME-Q5:How realistic did you find the environment?

*Mark only one oval.*

1   2   3   4   5

Not ☐ ☐ ☐ ☐ ☐ Very realistic

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