

Welcome! This is the NASA TLX Survey for the Study on Assessing EEG and Eye Tracking Interfaces Against Conventional VR Selection Methods. Click the arrow to begin.

Participant Number

6

Technique being Evaluated

NeuroGaze - EEG + Eye Tracking

Eye Tracking + Hand Tracking

VR Controllers

Please answer each prompt based on your experience:

|  | 1 (Very Low)                     | 2                     | 3                                | 4                     | 5                     | 6                     | 7 (Very High)                    |
|--|----------------------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| How mentally demanding was the task?                                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| How physically demanding was the task?                                 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| How hurried or rushed was the pace of the task?                        | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| How successful were you in accomplishing what you were asked to do?    | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| How hard did you have to work to accomplish your level of performance? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| How insecure, discouraged, irritated, stressed, and annoyed were you?  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |

