Background Questionnaire

1. **Participant ID**

   _____

2. **Age?**

   _____

3. **Gender?**
   Mark only one oval.

   - ( ) Male
   - ( ) Female

4. **Native Language**
   Mark only one oval.

   - ( ) German
   - ( ) English
   - ( ) Other

5. **Occupation?**
   e.g., Student, Teacher, Retail employee

   _____

6. **If Student, which department?**
   e.g., Informatics, Electrical Engineering, History, Biology

   _____

7. **Do you have "normal" vision?**
   Your vision is not impaired or you have corrected to normal vision with glasses or lenses.
   Mark only one oval.

   - ( ) Yes
   - ( ) No

8. **How much time do you spend on average per day working on your computer?**
   In hours / day including workdays and weekends.

   _____

9. **Experience with Virtual Reality?**
   Mark only one oval.

	0	1	2	3	4	5	
Never see before	◯	◯	◯	◯	◯	◯	Daily usage

10. **If any experience with Virtual Reality, which?**

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