

Background Questionnaire

1. Participant ID

2. Age?

3. Gender?

☐ Male

☐ Female

4. Native Language

☐ German

☐ English

☐ Other

5. Occupation?

e.g., Student, Teacher, Retail employee

6. If Student, which department?

e.g., Computer Science, History, Biology, Electrical Engineering

7. Do you have "normal" vision?

Your vision is not impaired or you have corrected to normal vision with glasses or lenses.

☐ 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?

	0	1	2	3	4	5	
Never see before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Daily usage

10. If any experience with Virtual Reality, which?
