



## Introduction

### Post-Experiment Survey

Thank you for taking part in this study, this final survey will ask questions regarding your experience in each environment as well as your experience with the virtual environment and driving simulator as a whole. After completion of this survey, your participation in this study will be complete and you will receive your compensation.

## ID

Please enter your Name

Please enter your email address

Please enter your participant ID

## Scenario 1

### Scenario Choice

- ☐ Unexpected Vehicle Scenario
- ☐ Utility Work Zone Scenario
- ☐ Garbage Truck Scenario
- ☐ Pedestrian Crossing Scenario
- ☐ Unexpected Vehicle Scenario Test 2

Please indicate your level of agreement with the following statements regarding your experience with the Scenario you just finished

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor disagree	Somewhat Agree	Agree	Strongly Agree
I felt stressed when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confused when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe while driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any additional comments about the Scenario you just experienced?

## Scenario 2

### Scenario Choice

- ☐ Unexpected Vehicle Scenario
- ☐ Utility Work Zone Scenario
- ☐ Garbage Truck Scenario
- ☐ Pedestrian Crossing Scenario
- ☐ Unexpected Vehicle Scenario Test 2

Please indicate your level of agreement with the following statements regarding your experience with the Scenario you just finished

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor disagree	Somewhat Agree	Agree	Strongly Agree
I felt stressed when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confused when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe while driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any additional comments about the Scenario you just experienced?

## Scenario 3

### Scenario Choice

- ☐ Unexpected Vehicle Scenario
- ☐ Utility Work Zone Scenario
- ☐ Garbage Truck Scenario
- ☐ Pedestrian Crossing Scenario
- ☐ Unexpected Vehicle Scenario Test 2

Please indicate your level of agreement with the following statements regarding your experience with the Scenario you just finished

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor disagree	Somewhat Agree	Agree	Strongly Agree
I felt stressed when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confused when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe while driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any additional comments about the Scenario you just experienced?

## Scenario 4

### Scenario Choice

- ☐ Unexpected Vehicle Scenario
- ☐ Utility Work Zone Scenario
- ☐ Garbage Truck Scenario
- ☐ Pedestrian Crossing Scenario
- ☐ Unexpected Vehicle Scenario Test 2



Please indicate your level of agreement with the following statements regarding your experience with the Scenario you just finished

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor disagree	Somewhat Agree	Agree	Strongly Agree
I felt stressed when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confused when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe while driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any additional comments about the Scenario you just experienced?

## Scenario 5

### Scenario Choice

- ☐ Unexpected Vehicle Scenario
- ☐ Utility Work Zone Scenario
- ☐ Garbage Truck Scenario
- ☐ Pedestrian Crossing Scenario
- ☐ Unexpected Vehicle Scenario Test 2

Please indicate your level of agreement with the following statements regarding your experience with the Scenario you just finished

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor disagree	Somewhat Agree	Agree	Strongly Agree
I felt stressed when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confused when driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe while driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any additional comments about the Scenario you just experienced?

## Ranking Scenarios

Please rank the scenarios based on your comfort while navigating them in the simulation (1=Most Comfortable & 5=Least Comfortable)

	1	2	3	4	5
Unexpected Vehicle Scenario Test 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garbage Truck Scenario	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pedestrian Crossing Scenario	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexpected Vehicle Scenario	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility Work Zone Scenario	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## VR Experience

Using the scale below, please rate how accurately the following statements describe your experience during the VR driving simulation.

Note.

	1	2	3	4	5	6	7	8	9
	1 – Not at all					9 – Severely			
I felt sick to my stomach.	<input checked="" type="radio"/>								<input type="text"/>
I felt faint-like.	<input type="radio"/>								<input type="text"/>
I felt annoyed or irritated.	<input type="radio"/>								<input type="text"/>
I felt sweaty.	<input type="radio"/>								<input type="text"/>
I felt queasy.	<input type="radio"/>								<input type="text"/>
I felt lightheaded.	<input type="radio"/>								<input type="text"/>
I felt drowsy.	<input type="radio"/>								<input type="text"/>
I felt clammy or had a cold sweat.	<input type="radio"/>								<input type="text"/>
I felt disoriented.	<input type="radio"/>								<input type="text"/>
I felt tired or fatigued.	<input type="radio"/>								<input type="text"/>
I felt nauseated.	<input type="radio"/>								<input type="text"/>

I felt hot or  
warm.

☐

I felt dizzy.

☐

I felt like I was  
spinning.

☐

I felt as if I may  
vomit.

☐

Please rate your level of agreement with the following statements regarding your experience in the virtual environment.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
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I was aware  
of events  
occurring in  
the real  
world while  
in the virtual  
environment

☐☐☐☐☐☐☐

I felt  
immersed in  
the virtual  
environment

☐☐☐☐☐☐☐

The scale of  
the virtual

☐☐☐☐☐☐☐

environment  
felt  
appropriate

☐☐☐☐☐☐☐☐

My  
experience  
in the virtual  
environment  
felt  
consistent  
with your  
real-world  
experience  
of driving

☐☐☐☐☐☐☐☐

The virtual  
environment  
was  
responsive  
to actions  
performed  
on the  
vehicle

☐☐☐☐☐☐☐☐

My sense of  
movement  
felt realistic  
in the virtual  
environment

☐☐☐☐☐☐☐☐

My sense of  
driving  
speed felt  
realistic in  
the virtual  
environment

☐☐☐☐☐☐☐☐

## Final Section.

The vehicle  
traffic in the  
virtual  
environment  
felt realistic

☐☐☐☐☐☐☐☐

Do you have any additional comments about the driving

My sense of risk was  
realistic in the virtual environment

simulator? (e.g. Do you think you behaved similarly as you would have in real life in the same environment? Why or why not? Are there any elements of the simulator you would like to provide more feedback on?)

Would you like to be considered for future transportation simulator research studies?

- ☐ Yes
- ☐ No

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