Pre Survey

1. How old are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If you are a student, are you an undergraduate or graduate student?

Undergraduate Graduate

1. What year is your expected graduation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are your pronouns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your native (first) language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please list your major(s) or intended major(s). If you have more than one, please circle your primary major. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Have you taken [elide for double blind]?

Yes No

1. If so, did you take [elide for double blind] to fulfill a required credit?

Yes No N/A

1. If not, have you taken an equivalent course for credit at another institution? If so, please provide the name of the institution. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you familiar with the CLion IDE?

Yes No

1. Are you familiar with the Eclipse IDE?

Yes No

(flip over)

1. Please list any allergies you have, including seasonal allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a history of smoking?

Yes No

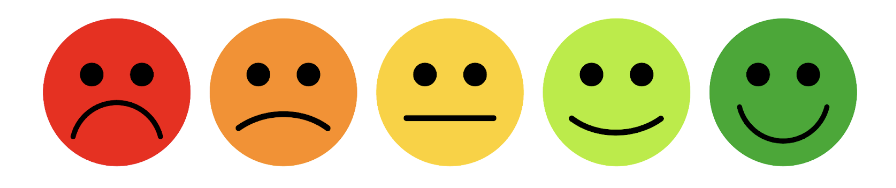
1. Do you have a history of light, sound, or smell sensitivity?

If so, please indicate which. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have epilepsy or a history of seizures?

Yes No

1. Please select the number corresponding to the face that is most representative of how you feel right now.



1 2 3 4 5