

**Gender:**

Male          Female

**Age:**

**Did you ever participated in a BCI experiment before?**

Yes          No

**How well did you understand the game and its goals?**

Completely      1                  2                  3                  4                  5                  Not at all

**Did you experience adequate control of the Sphero?**

Completely      1                  2                  3                  4                  5                  Not at all

**Did you have enough time to plan your strokes?**

Completely      1                  2                  3                  4                  5                  Not at all

**Did you have enough strokes to visit all holes?**

Completely      1                  2                  3                  4                  5                  Not at all

**Did you enjoy the game?**

Completely      1                  2                  3                  4                  5                  Not at all

**How frustrating was the game?**

Completely      1                  2                  3                  4                  5                  Not at all