

**1. Age**

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**2. Gender**

*Mark only one oval.*

☐ Female

☐ Male

☐ Other: \_\_\_\_\_

**3. How much VR experience do you have?**

*Mark only one oval.*

☐ I have never used a VR headset before.

☐ I have used a VR headset once.

☐ I have used a VR headset a couple of times.

☐ I have used a VR headset multiple times.

☐ Other: \_\_\_\_\_

**4. Have you ever experienced motion sickness?**

*Mark only one oval.*

☐ Yes

☐ No

☐ Other: \_\_\_\_\_

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