



General Questions

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Thank you for your participation.

Gender

Age

Do you experience severe motion sickness?

Do you have any disorder that would affect your orientation awareness?

Virtual Reality Headset

Virtual Reality Headsets (Oculus, Vive, Valve Index, PlayStation VR)

Note: If you have never used these devices please leave this form blank.

When was the **first time** you used a Virtual Reality headset?

Years ago

Months ago

Weeks ago

Days ago

How recent was the **last time** you used a Virtual Reality headset?

Years ago

Months ago

Weeks ago

Days ago

On **average**, how **often** did you use a Virtual Reality headset?

Hours per day



Movement Based Controls

Movement Based Controls (XBox kinect, PlayStation Move, Wii)

Note: If you have never used these devices please leave this form blank.

When was the **first time** you used Movement Based Controllers?

Years ago

Months ago

Weeks ago

Days ago

How recent was the **last time** you used Movement Based Controllers?

Years ago

Months ago

Weeks ago

Days ago

On **average**, how **often** did you use Movement Based Controllers?

Hours per day



Video Games

Video Games on any platform (PC, XBox, PlayStation, Switch, ect)

Note: If you have never used these devices please leave this form blank.

When was the **first time** you played Video Games?

Years ago

Months ago

Weeks ago

Days ago

How recent was the **last time** you played Video Games?

Years ago

Months ago

Weeks ago

Days ago

On **average**, how **often** did you play Video Games?

Hours per day



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