

Q1.

General Questions

Thank you for your participation.

Gender	<input type="text" value="Male"/>
Age	<input type="text" value="21"/>
Do you experience severe motion sickness?	<input type="text" value="No"/>
Do you have any disorder that would affect your orientation awareness?	<input type="text" value="No"/>

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

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

Q1a. When was the **first time** you used a Virtual Reality headset?

Years ago	<input type="text"/>
Months ago	<input type="text" value="2"/>
Weeks ago	<input type="text"/>
Days ago	<input type="text"/>

Q1b. How recent was the **last time** you used a Virtual Reality headset?

Years ago	<input type="text"/>
Months ago	<input type="text" value="2"/>
Weeks ago	<input type="text"/>
Days ago	<input type="text"/>

Q1c. On **average**, how **often** did you use a Virtual Reality headset?

Hours per day

1



Q2a. **Movement Based Controls (XBox kinect, PlayStation Move, Wii)**

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

Q2a. When was the **first time** you used Movement Based Controllers?

Years ago

Months ago

2

Weeks ago

Days ago

Q2b. How recent was the **last time** you used Movement Based Controllers?

Years ago

Months ago

2

Weeks ago

Days ago

Q2c. On **average**, how **often** did you use Movement Based Controllers?

Hours per day

1



Q19. **Video Games on any platform (PC, XBox, PlayStation, Switch, ect)**

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

Q20. When was the **first time** you played Video Games?

Years ago

15

Months ago

Weeks ago

Days ago

Q21. How recent was the **last time** you played Video Games?

Years ago

3

Months ago

Weeks ago

Days ago

Q22. On average, how **often** did you play Video Games?

Hours per day

0



Location Data

Location: [\(-33.860107421875, 151.21011352539\)](#)

Source: GeolIP Estimation

