Pre-test Questionnaire

Thank you in advance for participating in the study! We would like you to answer a series of questions that will be incredibly useful as we strive to better understand the factors behind how people apply information to solve problems like those posed in this study. Completing this questionnaire will take about 15 to 20 minutes. The information you provide will be kept confidential and treated as anonymous. If you have any questions or concerns about what you are being asked, please contact the study moderator.

Participant ID:								
A. Questions about your background								
1. Your	age:							
2. Your	gender: \square Female \square	Male						
3. Do y	ou have any visual impairı	ment, or color blindness? \square No \square Yes						
Ii	f yes, what kind(s)?							
4. Your	education level / degree(s)attained and the discipline(s) of study						
	☐ Associate	Discipline						
	□ Bachelor	Discipline						
	☐ Certificate	Discipline						
	□ Master	Discipline						
Г	□ Ph.D.	Discipline						
	Other	Discipline						

	Employer	Job Title/Position	Number
			of Years
6.	What is your level of training in pr	robability and statistics?	
	\square None. I have no training in J	probability and statistics.	
	\square Elementary. I have taken a l		
		some courses or read some articles on the subject	
	☐ Advanced. I have taken mar	ny courses or read many articles on the subjects.	
7.	In the past, how often have you us problems?	ed probabilities or statistics to answer question	s or solve
	☐ Never. I have never done th	is hefore	
	☐ Rarely. I have done this a fe		
	\square Occasionally. I have done th		
	\square Often. I have done this ofter	1.	
8.	In the past, how often have you we study?	orked with geospatial ¹ data to solve problems si	milar to this
	☐ Never. I have never done th	is hefore	
	☐ Rarely. I have done this less		
	☐ Occasionally. I have done th		
	\square Often. I have done this ofter	1.	

5. Please indicate your current and previous work experience (include military service) starting

with most recent employer:

¹ Defined as the position of things on a map or the earth's surface

B. Questions about your opinions and attitudes

Each following item is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what the item says. Please respond to all the items; do not leave any blank. Choose only one response to each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being "consistent" in your responses.

Statement	Very true for me	Somewhat true for me	Somewhat false for me	Very false for me			
1. A person's family is the most important thing in life.							
2. Even if something bad is about to happen to me, I rarely experience fear or nervousness.							
3. I go out of my way to get things I want.							
4. When I'm doing well at something I love to keep at it.							
5. I'm always willing to try something new if I think it will be fun.							
6. How I dress is important to me.							
7. When I get something I want, I feel excited and energized.							
8. Criticism or scolding hurts me quite a bit.							
9. When I want something I usually go all-out to get it.							
10. I will often do things for no other reason than that they might be fun.							
Continues on next page							

Statement	Very true for me	Somewhat true for me	Somewhat false for me	Very false for me
11. It's hard for me to find the time to do things such as get a haircut.				
12. If I see a chance to get something I want I move on it right away.				
13. I feel pretty worried or upset when I think or know somebody is angry at me.				
14. When I see an opportunity for something I like I get excited right away.				
15. I often act on the spur of the moment.				
16. If I think something unpleasant is going to happen I usually get pretty "worked up."				
17. I often wonder why people act the way they do.				
18. When good things happen to me, it affects me strongly.				
19. I feel worried when I think I have done poorly at something important.				
20. I crave excitement and new sensations.				
21. When I go after something I use a "no holds barred" approach.				
22. I have very few fears compared to my friends.				
23. It would excite me to win a contest.				
24. I worry about making mistakes.				

C. Questions about your spatial and navigational abilities

This section consists of several statements about your spatial and navigational abilities, preferences, and experiences. After each statement, you should check a box to indicate your level of agreement with the statement.

Statement	Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	0 .	Disagree	Strongly Disagree
1. I am very good at giving directions.							
2. I have a poor memory for where I left things.							
3. I am very good at judging distances.							
4. My "sense of direction" is very good.							
5. I tend to think of my environment in terms of cardinal directions (N, S, E, W).							
6. I very easily get lost in a new city.							
7. I enjoy reading maps.							
8. I have trouble understanding directions.							
9. I am very good at reading maps.							
10. I don't remember routes very well while riding as a passenger in a car.							
11. I don't enjoy giving directions.							
12. It's not important to me to know where I am.							
13. I usually let someone else do the navigational planning for long trips.							
14. I can usually remember a new route after I have traveled it only once.							
15. I don't have a very good "mental map" of my environment.							

D. Questions about your video game experience

"other". 1. Have you ever played video games? \square Yes \square No 2. Do you currently play video games? \square Yes \square No If your answer was "No" to either question, why don't you play video games (check all that apply)? \square Cost □ Not interested □ Not enough time ☐ Lack of skill □ Not allowed (parents, teachers, etc.) □ Other____ If your answer to #1 or #2 was "No", please end this part and begin the TACTICS test. Otherwise, please continue with the following questions. 3. How long have you been playing video games? \Box 6 months \square 1 year \square 2-5 years \Box 5-10 years \Box 10 or more years

Please check the best answer for each of the following questions, or write your answer in the space marked

☐ Daily									
☐ Weekly	/								
□ Once a	month								
□ Once in	n 6 months								
□ Once a	□ Once a year								
☐ Less th	an once a year	orr	never						
5. How skilled do	you feel you a	are a	t playing video games?						
□ Very sl	xilled								
☐ Modera	☐ Moderately skilled								
□ Not ve	ry skilled								
□ No skil	l								
				es that	t you enjoy to play? (Enter a				
number from the	e list below, or	aaa	your own genre).						
First									
Second									
Third									
	Li	st of	Video Genres/Categorio	es					
1. Action		11.	Massively multiplayer	21.	Role-playing				
			online games	0.0					
2. Adventure		12.	Maze	22.	Simulators				
3. Arcade	ramos	13. 14.	Music	23. 24.	Space				
4. City-building g	anies	14.	Music	۷4.	Sports				

4. How often (approximately) do you currently play video games?

1.	Action	11.	online games	21.	Role-playing
2.	Adventure	12.	Maze	22.	Simulators
3.	Arcade	13.	Military	23.	Space
4.	City-building games	14.	Music	24.	Sports
5.	Economic simulation games	15.	Pinball	25.	Stealth
6.	Educational	16.	Platform	26.	Strategy
7.	Fighting	17.	Puzzle	27.	Strategy war-games
8.	First-person shooter	18.	Racing	28.	Survival horror
9.	Flight	19.	Real-time strategy and turn- based strategy games	29.	Vehicular combat
10.	God games	20.	Real-time tactical and turn- based tactical	30.	Other (please specify)