

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: ☐ Female ☐ Male
3. Do you have any visual impairment, or color blindness? ☐ No ☐ Yes

If yes, what kind(s)?

4. Your education level / degree(s) attained and the discipline(s) of study

| | |
|---|---------------------------------|
| <input type="checkbox"/> Associate | Discipline <input type="text"/> |
| <input type="checkbox"/> Bachelor | Discipline <input type="text"/> |
| <input type="checkbox"/> Certificate | Discipline <input type="text"/> |
| <input type="checkbox"/> Master | Discipline <input type="text"/> |
| <input type="checkbox"/> Ph.D. | Discipline <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/> | Discipline <input type="text"/> |

5. Please indicate your current and previous work experience (include military service) starting with most recent employer:

| Employer | Job Title/Position | Number of Years |
|----------|--------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

6. What is your level of training in probability and statistics?

- ☐ None. I have no training in probability and statistics.
- ☐ Elementary. I have taken a basic course or two.
- ☐ Intermediate. I have taken some courses or read some articles on the subjects.
- ☐ Advanced. I have taken many courses or read many articles on the subjects.

7. In the past, how often have you used probabilities or statistics to answer questions or solve problems?

- ☐ Never. I have never done this before.
- ☐ Rarely. I have done this a few times or less.
- ☐ Occasionally. I have done this occasionally.
- ☐ Often. I have done this often.

8. In the past, how often have you worked with geospatial¹ data to solve problems similar to this study?

- ☐ Never. I have never done this before.
- ☐ Rarely. I have done this less than a few times.
- ☐ Occasionally. I have done this occasionally.
- ☐ Often. I have done this often.

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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Even if something bad is about to happen to me, I rarely experience fear or nervousness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I go out of my way to get things I want. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When I'm doing well at something I love to keep at it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I'm always willing to try something new if I think it will be fun. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How I dress is important to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. When I get something I want, I feel excited and energized. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Criticism or scolding hurts me quite a bit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. When I want something I usually go all-out to get it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I will often do things for no other reason than that they might be fun. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If I see a chance to get something I want I move on it right away. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel pretty worried or upset when I think or know somebody is angry at me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. When I see an opportunity for something I like I get excited right away. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I often act on the spur of the moment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If I think something unpleasant is going to happen I usually get pretty "worked up." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I often wonder why people act the way they do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. When good things happen to me, it affects me strongly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I feel worried when I think I have done poorly at something important. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I crave excitement and new sensations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. When I go after something I use a "no holds barred" approach. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I have very few fears compared to my friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. It would excite me to win a contest. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I worry about making mistakes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 | Slightly Disagree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| 1. I am very good at giving directions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have a poor memory for where I left things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am very good at judging distances. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My "sense of direction" is very good. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I tend to think of my environment in terms of cardinal directions (N, S, E, W). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I very easily get lost in a new city. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I enjoy reading maps. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have trouble understanding directions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I am very good at reading maps. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I don't remember routes very well while riding as a passenger in a car. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I don't enjoy giving directions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. It's not important to me to know where I am. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I usually let someone else do the navigational planning for long trips. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I can usually remember a new route after I have traveled it only once. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I don't have a very good "mental map" of my environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. Questions about your video game experience

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

1. Have you ever played video games? ☐ Yes ☐ No

2. Do you currently play video games? ☐ Yes ☐ No

If your answer was "No" to either question, why don't you play video games (check all that apply)?

☐ 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?

☐ 6 months

☐ 1 year

☐ 2-5 years

☐ 5-10 years

☐ 10 or more years

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

- ☐ Daily
- ☐ Weekly
- ☐ Once a month
- ☐ Once in 6 months
- ☐ Once a year
- ☐ Less than once a year or never

5. How skilled do you feel you are at playing video games?

- ☐ Very skilled
- ☐ Moderately skilled
- ☐ Not very skilled
- ☐ No skill

6. What are your top 3 (in order) video game genres categories that you enjoy to play? (Enter a number from the list below, or add your own genre).

First

Second

Third

List of Video Genres/Categories

| | | |
|------------------------------|--|----------------------------|
| 1. Action | 11. Massively multiplayer 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) |