## 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 yo	ou have any visual impairi	ment, or color blindness? $\square$ No $\square$ Yes					
If	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					
	☐ Ph.D.	Discipline					
	Other	Discipline					

Employer	Job Title/Position	Number of Years
6. What is your level of training in p	robability and statistics?	
	-	
7. In the past, how often have you us problems?	sed probabilities or statistics to answer question	s or solve
<ul> <li>□ Never. I have never done the</li> <li>□ Rarely. I have done this a fee</li> <li>□ Occasionally. I have done the</li> <li>□ Often. I have done this often</li> </ul>	ew times or less. nis occasionally.	
8. In the past, how often have you w study?	orked with geospatial <sup>1</sup> data to solve problems si	imilar to this
<ul><li>□ Never. I have never done the</li><li>□ Rarely. I have done this less</li><li>□ Occasionally. I have done the</li><li>□ Often. I have done this often</li></ul>	s than a few times. nis occasionally.	

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

with most recent employer:

<sup>&</sup>lt;sup>1</sup> 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	0 .	Neither Agree nor Disagree	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

4. How often (approximately	) do y	ou currently play video	games?					
☐ Daily								
☐ Weekly								
☐ Once a month								
$\Box$ Once in 6 months								
□ Once a year								
$\Box$ Less than once a ye	ear or	never						
5. How skilled do you feel yo	u are a	nt playing video games?						
$\square$ Very skilled								
$\square$ Moderately skilled								
$\square$ Not very skilled	□ Not very skilled							
□ No skill	□ No skill							
6. What are your top 3 (in or number from the list below,			ories tha	t you enjoy to play? (Enter a				
First								
Second								
Third								
	List o	f Video Genres/Catego	ories					
1. Action	11.	Massively multiplayer online games	21.	Role-playing				
2. Adventure	12.	Maze	22.	Simulators				
3. Arcade	13.	Military	23.	Space				
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1.	Action	11.	Massively multiplayer	21.	Role-playing
			online games		
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)