

Participant Survey

Basic Information

* Required

1. Are you enrolled in a technology-related field of study? *

Mark only one oval.

☐ Yes

☐ No

2. Do you have a family background or past personal connection with the technological field? *

Mark only one oval.

☐ Yes

☐ No

3. Do you feel like you do/would feel a sense of belonging in a technological field? *

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

4. Did you feel a personal connection with the avatar in the simulation? *

Mark only one oval.

☐ Yes

☐ No

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