Experiment Questionnaire

Thank you very much for participating in this 3D User Interfaces experiment. I would like to ask you a few questions. Your privacy is protected because your name will not appear on this questionnaire.

Information about you:

1. What is your occupation or (if a student) major field of study?

   _____ Business owner _____

2. What is your age? __55__

3. What is your gender?   Female _____   Male __X__

4. What is your race?   White __X__   Asian _____   Black/African

   _____   Other _____

   Prefer not to respond _____

General Questions

1. How easy is this application to use? (circle one)
   - ❖ (Very easy to use)
   - ❖ Easy to use
   - ❖ Neither easy nor difficult to use
   - ❖ Difficult to use
   - ❖ Very difficult to use

2. Is this something you wish you had in school? If not- why   *yes*

3. What is an important feature you think the application is missing?

4. Is there anything about the application that would make you hesitant to use it? NO

5. Do you think that an application of this variety could enhance your learning experience?

   Yes

6. Can you think of any improvements to be made to the application? NO

7. Can you see this application impacting students outlook on learning? If so, in what ways?

   Yes.