

Final Questions

Complete this survey after completing the experiment.

* This form will record your name, please fill your name.

1. What is your first name?

2. What is your last name?

3. How stressed do you feel right now on a scale of 1-10?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

4. Did you experience any auditory stressors?

☐ Yes

☐ No

5. How confident are you in your ability to perform a Right Facing movement on a scale of 1-10?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

6. How confident are you in your ability to perform a Left Facing movement on a scale of 1-10?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

7. How confident are you in your ability to perform a About Facing movement on a scale of 1-10?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

8. How confident are you in your ability to follow the command Present Arms on a scale of 1-10?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

9. How confident are you in your ability to follow the command Order Arms on a scale of 1-10?

☐ 1

☐ 2

☐ 3

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☐ 10

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