Participant Profile & Pre-Exposure Questionnaire

# Document Instructions

• This questionnaire is meant to be delivered digitally, where individuals fill this questionnaire using a laptop/PC and touchpad/mouse.

• Please note that any instructions addressing the experimenter are underlined.

• Please note that any written instructions addressing the participating individual are in **bold**.

• Please note that some questions pose as inclusion criteria and may exclude the individual from participation in this study if such criteria are not met. Please note instructions to the experimenter regarding exclusion criteria are underlined and should not be included in the actual questionnaire. Suppose the participating individual does not meet the inclusion criteria. In that case, the digital questionnaire should not allow them to proceed to the next sections and flag the item(s) that the individual failed to meet, as it can help the experimenter explain why the individual cannot proceed any further.

• Please read this in conjunction with the "Verbal Instructions Protocol" document, as some instructions may need to be verbally communicated to the participant.

• Please note that the titles in this questionnaire are only indicative for the experimenter's use. On the questionnaire itself, please have each section set on an individual page with no headline.

# Section Zero – Generic Information Related to the Experiment

Insert participant ID and any general relevant information (date/time… etc.).

Click next.

# Section One – Participant Profile

Please refer to the "Verbal Instructions Protocol" document, where you will find instructions related to this section that needs to be verbally communicated to the participating individual filling this questionnaire.

**What is your biological sex?**

|  |
| --- |
| Question format: drop-down list |
| Female |
| Male |

**What is your sexual orientation?**

|  |
| --- |
| Question format: drop-down list |
| Bisexual |
| Gay |
| Heterosexual |
| Lesbian |
| Others |
| Prefer not to disclose |

**Which hand do you consider your dominant hand (which hand do you use to write with)?**

|  |
| --- |
| Question format: drop-down list |
| Right |
| Left |

**Which hand do you use to navigate using a mouse?**

|  |
| --- |
| Question format: drop-down list |
| Right |
| Left |

**How old are you?**

|  |
| --- |
| Question format: insert integer number |

Individuals who are younger than 18 years old should be excluded from participation in this study.

**At what age did you learn English?**

|  |
| --- |
| Question format: drop-down list |
| The drop-down list ranges from zero (Native Speaker) to 80 years. |

**How do you assess your English language proficiency?**

|  |
| --- |
| Question format: drop-down list |
| Native or bilingual proficiency. |
| Full professional proficiency, or "fluent". |
| Professional working proficiency, or "intermediate". |
| Limited working proficiency, or "lower intermediate". |
| Elementary Proficiency, or "beginner". |

Individuals who rate themselves as "Limited working proficiency, or lower intermediate" or " 'Elementary Proficiency, or beginner" should be excluded from the participation in this study.

**Using the British government's survey categories from the 2001 census, which ethnic origin or descent describes you best? Please tick one of the boxes below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Question format: drop-down list | | | |
| Indian | Asian - Other | Black - Other | White – UK/Irish |
| Pakistani | Black – Caribbean | Mixed Race | White - Other |
| Bangladeshi | Black – African | White – European | Prefer not to disclose |
| Chinese |  | | |

**Press "next" to proceed to the next section.**

# Section Two – Health & Wellbeing

**Please choose the appropriate answer to the following questions**:

|  |  |  |  |
| --- | --- | --- | --- |
| Question format: multiple choice question | | | |
| Have you ever worn a virtual reality headset (HMD)? | Yes | No |  |
| If yes, did you have any problems (nausea, dizziness, etc.)? | Yes | No | Not Applicable |

Individuals responding "yes" to the second question should be excluded from participation in this study.

**How easily do you get motion or carsick? (please choose the number corresponding to your answer)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question format: Likert scale | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Never been motion sick |  |  |  |  | Get motion  sick very easily | |

Individuals responding 6 or 7 should be excluded from participation in this study.

**Please choose the appropriate answer to the following questions**:

|  |  |  |
| --- | --- | --- |
| Question format: multiple choice question | | |
| Do you now or have you ever had a seizure disorder or epilepsy? | Yes | No |
| Have you ever had a seizure? | Yes | No |
| Do you have a heart condition? | Yes | No |
| Do you have heart arrhythmias? | Yes | No |
| Do you suffer from hypertension? | Yes | No |
| Do you have a vestibular (balance) disorder? | Yes | No |
| Do you have any medical conditions affecting balance? | Yes | No |
| Do you frequently experience headaches, lightheadedness, or dizziness? | Yes | No |
| Are you hearing impaired? | Yes | No |
| Are you visually impaired? | Yes | No |

Individuals responding "yes" to any of these questions should be excluded from participation in this study.

**Which best describes you right now?**

|  |
| --- |
| Question format: drop-down list |
| I have a perfect or close-to-perfect vision. |
| I sometimes wear glasses or contacts, but I don't have to wear them all the time, and I see okay without them. |
| I must wear glasses or contacts to correct my vision to perfect or close to perfect. |
| I wear glasses or contacts, but even with them, my vision is less than perfect. |

Individuals responding, "I wear glasses or contacts, but even with them, my vision is less than perfect", should be excluded from participation. Also, individuals wearing corrective glasses frames should be excluded from the study if the VR headset cannot contain and fit the corrective glasses.

**Please choose the appropriate answer to the following questions**:

|  |  |  |
| --- | --- | --- |
| Do you have any medical condition, or are you taking any medication that would make you susceptible to experiencing dizziness, disorientation, or nausea? | Yes | No |
| Have you had a head injury in the past year? | Yes | No |
| Do you have a neurological disease? | Yes | No |
| Do you have a learning disability? | Yes | No |
| Do you have any psychological disorders? | Yes | No |
| Are you diagnosed with clinical depression? | Yes | No |
| Do you use any medication for psychological or emotional problems? | Yes | No |
| Do you get skin rash from wearing non-precious metal or rubbing alcohol? | Yes | No |

Individuals responding "yes" to any question here should be excluded from participation in this study.

**Please notify your experimenter that you are ready to proceed and press "next", and proceed to the next set of questions.**

## Part Three – Immersive Tendencies Questionnaire [1]

Please refer to the "Verbal Instructions Protocol" document, where you will find verbal instructions related to this section that needs to be verbally communicated to the participant. In conjunction with the original questionnaire's format (Immersive Tendencies Questionnaire (ITQ)), all questions are in the "likert scale" format.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicate your preferred answer by clicking on the appropriate circle of the seven-point scale. Please consider the entire scale when making your responses, as the intermediate levels may apply. For example, if your response is once or twice, the second circle from the left should be marked. If your response is many times but not extremely often, then the sixth (or second circle from the right) should be marked.**  **Do you easily become deeply involved in movies or tv dramas?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | | | |  |
| NEVER | |  | | OCCASIONALLY | | | | | | | |  | | | | | OFTEN |
| **Do you ever become so involved in a television program or book that people have problems getting your attention?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | | | |  |
| NEVER | |  | | OCCASIONALLY | | | | | | | |  | | | | | OFTEN |
| **How mentally alert do you feel at the present time?** | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  |  | | |  | | |  | | | | |
| NOT ALERT |  | | MODERATELY | | | | | | |  | | | FULLY ALERT | | | | |
| **Do you ever become so involved in a movie that you are not aware of things happening around you?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | | | |  |
| NEVER | |  | | OCCASIONALLY | | | | | | | |  | | | | | OFTEN |
| **How frequently do you find yourself closely identifying with the characters in a storyline?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | | | |  |
| NEVER | |  | | OCCASIONALLY | | | | | | | |  | | | | | OFTEN |
| **Do you ever become so involved in a video game that it is as if you are inside the game rather than moving a joystick and watching the screen?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | | | |  |
| NEVER | |  | | OCCASIONALLY | | | | | | | |  | | | | | OFTEN |
| **How physically fit do you feel today?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | | | |  |
| NOT FIT | |  | | MODERATELY  FIT | | | | | | | | EXTREMELY  FIT | | | | | |
| **How good are you at blocking out external distractions when you are involved in something?** | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | | |  | | |  | | |
| NOT VERY  GOOD | |  | | SOMEWHAT  GOOD | | | | | | | |  | | | VERY GOOD | | |
| **When watching sports, do you ever become so involved in the game that you react as if you were one of the players?** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **Do you ever become so involved in a daydream that you are not aware of things happening around you?** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **Do you ever have dreams that are so real that you feel disoriented when you awake?** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **When playing sports, do you become so involved in the game that you lose track of time?** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **How well do you concentrate on enjoyable activities?** | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | | |  | | |  | | |  | | | |
| NOT AT ALL |  | | | MODERATELY  WELL | | | | | | |  | | | VERY WELL | | | |
| **How often do you play arcade or video games? (OFTEN should be taken to mean every day or every two days, on average.)** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **Have you ever gotten excited during a chase or fight scene on TV or in the movies?** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **Have you ever gotten scared by something happening on a TV show or in a movie?** | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **Have you ever remained apprehensive or fearful long after watching a scary movie?** | | | | | | | | | | | | | | | | | | |
|  | | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |
| **Do you ever become so involved in doing something that you lose all track of time?** | | | | | | | | | | | | | | | | | | |
|  | | |  | |  |  | | |  | | |  | | | | |  | |
| NEVER | | |  | | OCCASIONALLY | | | | | | |  | | | | | OFTEN | |

**Please notify your experimenter that you are ready to proceed and press "next", and proceed to the next set of questions.**

## Section Four – Pre-Exposure Affective Measures (VAS) [2]

Please refer to the "Verbal Instructions Protocol" document, where you will find verbal instructions related to this section that needs to be verbally communicated to the participant. All questions in this section utilise the Visual Analog Scale (VAS) to measure the participant's emotional state.

**Please drag the sliders on the line below to indicate the best describes the greatest amount of each emotion you feel right now. On this scale, the far left means you do not feel even the slightest bit of the emotion and the far right is the most you have ever felt in your life. All you have to do is make sure you rate the correct emotion the way you feel right now as accurate as you can. There are no right or wrong answers, just honest answers. Note that if you need to place a zero at any point, you can't leave the slider as it is; you need to press and drag it towards the left end of the slider.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To what extent do you feel *joyful* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not joyful at all |  |  |  |  |  |  |  |  | As joyful as I can be |
| **To what extent do you feel *angry* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not angry at all |  |  |  |  |  |  |  |  | As angry as I can be |
| **To what extent do you feel *calm* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not calm at all |  |  |  |  |  |  |  |  | As calm as I can be |
| **To what extent do you feel *sad* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not sad at all |  |  |  |  |  |  |  |  | As sad as I can be |
| **To what extent do you feel *disgusted* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not disgusted at all |  |  |  |  |  |  |  |  | As disgusted as I can be |
| **To what extent do you feel *relaxed* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not relaxed at all |  |  |  |  |  |  |  |  | As relaxed as I can be |
| **To what extent do you feel *happy* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not happy at all |  |  |  |  |  |  |  |  | As happy as I can be |
| **To what extent do you feel *fearful* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not fearful at all |  |  |  |  |  |  |  |  | As fearful as I can be |
| **To what extent do you feel *anxious* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not anxious at all |  |  |  |  |  |  |  |  | As anxious as I can be |
| **To what extent do you feel *dizzy* right now?** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Not dizzy at all |  |  |  |  |  |  |  |  | As dizzy as I can be |

**Please notify your experimenter that you are ready to proceed and press "next", and proceed to the next set of questions.**

Part Five – Pre-Exposure Affective Measures (SAM) [3]

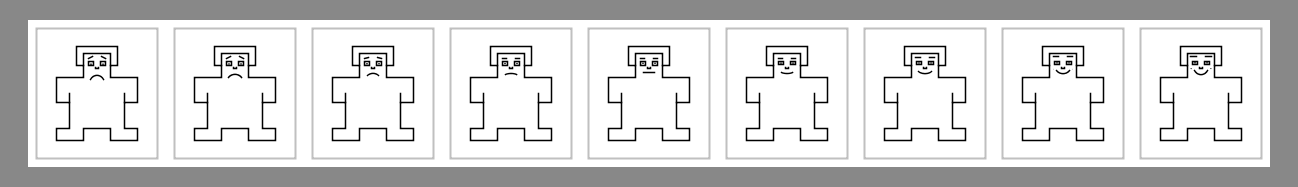
Please refer to the "Verbal Instructions Protocol" document, where you will find verbal instructions related to this section that needs to be verbally communicated to the participant. In conjunction with the original questionnaire's format, all questions are visual (SAM) Likert scale format.

**Happy vs Unhappy:**

**This SAM scale is the happy-unhappy scale, which ranges from a smile to a frown. Notice that on one side, SAM is frowning. On the other side, SAM is smiling, and in the middle, SAM is not smiling or frowning.**

* **At one extreme of the happy vs unhappy scale, you feel happy, glad, cheerful, pleased, good, pleased, satisfied, contented, or hopeful. You can indicate feeling completely happy by choosing this figure on the far right of the scale here.**
* **The other end of the scale is when you feel completely unhappy, annoyed, unsatisfied, melancholic, despaired, bored, scared, angry, bad, or anxious. You can indicate feeling completely unhappy by choosing this figure on the far left of the scale.**
* **If you felt completely neutral, neither happy nor unhappy, choose this figure in the middle that is not smiling nor frowning.**
* **The figures also allow you to describe intermediate feelings of pleasure by choosing any of the other pictures in between.**

**Using the happy vs unhappy SAM, please rate your emotions based on how you ACTUALLY FEEL RIGHT NOW, AT THIS MOMENT:**

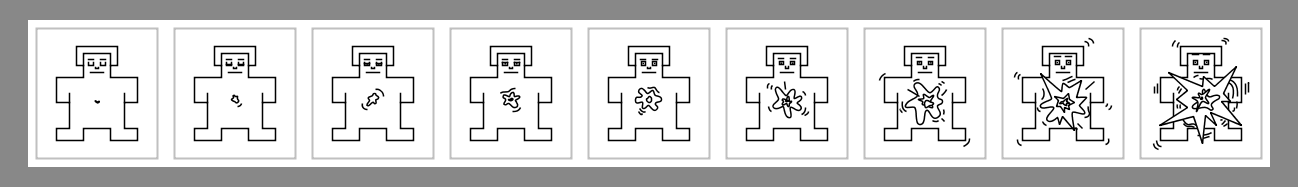


**Excited vs Calm:**

**This SAM scale is excited vs calm scale. Notice that on one side, SAM is very still, and his eyes are closed. On the other side, SAM is jumping up, and his stomach is excited. Note that excitement or calmness doesn't necessarily mean excitement or calmness positively nor negatively, as we have the happy vs unhappy SAM above to express that.**

* **At one extreme of the scale, you feel stimulated, excited, frenzied, jittery, and wide-awake, or aroused. You can indicate feeling completely excited by choosing this figure on the far-right side of the scale. Notice how it looks like SAM is jumping up and down, and his stomach is excited. This is like when you get excited and can't sit still or like you have butterflies in your stomach when you are very nervous.**
* **On the other hand, at the other end of the scale, you feel completely relaxed, calm, sluggish, dull, sleepy, unaroused. If you feel completely calm, you can choose this figure on the far-left side of the scale.**
* **If you are not at all excited nor at all calm, choose this figure, the figure in the middle of the row.**
* **The figures also allow you to describe intermediate feelings of pleasure by choosing any of the other pictures in between.**

**Using the excited vs calm SAM, please rate your emotions based on how you ACTUALLY FEEL RIGHT NOW, AT THIS MOMENT:**



**This is the end of this questionnaire; please notify the experimenter that you're ready to proceed. Thank you.**

# References

|  |  |
| --- | --- |
| [1] | B. G. Witmer and M. J. Singer, "Measuring presence in virtual environments: A presence questionnaire," *Presence,* vol. 7, no. 3, pp. 225-240, 1998. |
| [2] | N. Crichton, “Visual analogue scale (VAS),” *J Clin Nurs,* vol. 10, no. 5, pp. 706-6. |
| [3] | . M. M. Bradley and P. J. Lang, "Measuring emotion: the self-assessment manikin and the semantic differential," *Journal of behavior therapy and experimental psychiatry,* vol. 25, no. 1, pp. 49-59, 1994. |