Demographical Questions (Required)

1. What is your pa	ırticipar	nt ID?			_			
2. What is your ge Mark only one o								
Female								
Male								
Prefer no	it to sav							
Other:	ic to ouy							
3. What is your a g	je range	?						
Mark only one o	val.							
18 - 24								
25 - 34								
35 - 44								
45 - 54								
55 - 64								
4. If you have any headset?	optical	correct	ions, di	d you n	eed to r	emove	them wh	nen using the VR
Mark only one o	val.							
Yes								
O No								
5. Have you taken redirected walk		any prid	or virtua	al reality	y experi	ments c	r exper	iences that used
Mark only one o	val.							
Yes								
O No								
6. How much prev		perienc	e have	you had	d with vi	irtual re	ality?	
Mark only one o	val.							
	0	1	2	3	4	5	6	
No experience								Very much experier

Qualitative Feedback (Optional)

. Did you n	otice any bugs or glitch	es throughout your playsess
. Was the e	xperience enjoyable?	
How did to	he redirection technique	on facility you?
. How ald ti	ne realiection technique	s leer to you!
. Did you ha	ave any problems throu	ghout the experiment?
. Is there ar	ny way the experience c	ould be improved?
. Any additi	ional comments?	