

POST-SCENARIO QUESTIONNAIRE

Participant Number:

Scenario Number:

FOR EACH OF THE FOLLOWING STATEMENTS, PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY MATCHES YOUR EXPERIENCE OF THE SCENARIO YOU JUST COMPLETED.

How mentally demanding was the scenario?

Not demanding at all

1

2

3

4

Very demanding

5

How hurried or rushed was the pace of the scenario?

Not hurried at all

1

2

3

4

Very hurried

5

How hard did you have to work to accomplish your level of performance?

Not hard at all

1

2

3

4

Very hard

5

How frustrated did you feel during the task?

Not frustrated at all

1

2

3

4

Very frustrated

5

How stressed did you feel during the task?

Completely relaxed

1

2

3

4

Very stressed

5

Please write any further comments you have about the task here. In particular, feel free to make comparisons to the other tasks you have completed.

INFORMED CONSENT FORM

I state that I am 18 years of age or older and wish to participate in the study being conducted by Ian Davies at the University of Cambridge Computer Laboratory.

I will be given a £10 gift voucher in return for volunteering.

The study will take around 2 hours.

The purpose of the study is to assess physiological responses to various simulated driving scenarios. I will be asked to drive through two of these scenarios in a driving simulator while listening to navigation instructions and answering simple mental arithmetic questions. Each scenario will last about twenty minutes and I will be asked to complete questionnaires about my experiences. Physiological data will be collected during the experiment through electrodes on one forearm and a sensor on one toe. My activities using the driving simulator will be video-taped for later analysis. The things I say will also be recorded onto the video.

My identity will be treated as confidential and my name will not be identified at any time. The results of the study will be published in a report. The videos themselves will be treated as confidential and will not be published unless I consent otherwise. Still images taken from the video may be published. The things I say may be quoted but any identifiable references to me will be removed from the quote to preserve my anonymity.

I understand that I am free to ask questions or to withdraw from participation at any time without penalty.

Signed:

Print Name:

Date:

PRE-STUDY QUESTIONNAIRE

Participant Number:

Name:

Email Address:

Age (please circle one)

Under 20

20-29

30-39

40-49

Over 49

Gender (please circle one)

Male

Female

How often do you play video games involving driving, such as “Grand Theft Auto” or “Need for Speed”?
Please circle one.

Never

A few times per year

A few times per month

A few times per week

Do you hold a full UK driving license? If so, how long have you held it? Please circle one.

No

Yes, held for less than one year

Yes, held for more than one year

Have you participated in any previous experiments in this driving simulator? Please circle one.

No

Yes

Are you wearing any glasses or contact lenses that you would normally use when driving? Please circle one.

Wearing Glasses

Wearing Contact Lenses

No

Not Required

Have you been involved in any car accidents? If so, please say how long ago and whether you were driving.

Have you been involved in any previous physiological or driving-related experiments? If so, please give details.