

User ID: _____
Player ID: _____

Questionnaire



In this questionnaire will be asked questions about the previous used video player application.

This survey is for research purposes only and all information are anonymous. Please let us know, if you have any questions.

Please tick the box, which applies to you:

1. How mentally demanding was the task?

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Very Low Very High

2. How physically demanding was the task?

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Very Low Very High

3. How hurried or rushed was the pace of the task?

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Very Low Very High

4. How successful were you in accomplishing what you were asked to do?

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Perfect Failure

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

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Very Low Very High

6. How insecure, discouraged, irritated, stressed, and annoyed were you?

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Very Low Very High

7. Do you wear glasses or contact lenses?

☐ Yes ☐ No

8. Do you have a smart phone or tablet, or do you use these devices?

☐ Yes ☐ No

If yes, since how many years? _____

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Player ID: _____

9. Age

_____ Years

10. Gender

☐ female ☐ male

11. Rate the interaction of the previous used video player (how easy/intuitive). 1 is best, 6 is worst.

Rating: _____

12. Which player did you prefer and why?

13. Do you have suggestions to improve the tool?

Thanks for your participation!