

Test Participant Form

You have volunteered to partake in two user tests that should take no longer than 30 minutes to complete.

Test Descriptions

The VSS (virtual singing studio) is a system that is used to simulate the acoustics of another room. The system can be used by standing in the centre of the speaker array and singing into a head mounted microphone. By wearing the provided head-tracking device, you can turn in the virtual space by turning your head/body.

Test #1

This test aims to investigate the perception of movement within the virtual acoustic environment when using two different methods: Method **A** and Method **B**. You will be asked to step inside the VSS and say the word “Bob”. Your location within the virtual space will then be changed and you will be asked to produce another sound. This process will then be repeated a second time but this time using method **B**. You will then be asked to state whether method **B** felt like you had:

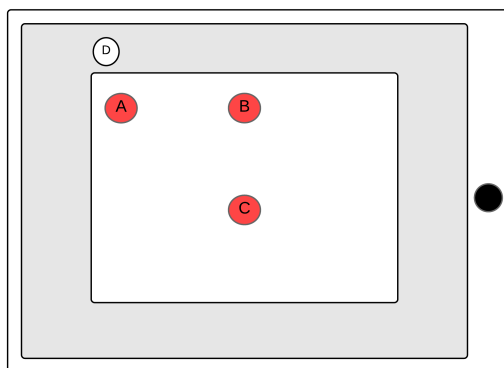
Moved a **shorter** distance than I had in **A**
Moved the **same** distance as I had in **A**
Moved a **further** than I had in **A**
I don’t know

This process will be repeated 5 times in total.

Test #2

Part 1: You will be asked to step inside the VSS and to sing or produce a noise. After a short amount of time you will be asked to do the same again. You will then be asked whether you feel you have changed location or not with a simple Yes/No answer. This will be repeated 8 times.

Part 2: In this part of the test, you will be asked to change your location within the virtual space yourself by tapping on a location or dragging your finger around the iPad provided for you. You will be asked to rate on a scale of **1 - 10** how free you feel you can move about the room with **1** being a *jumpy movement* and **10** being *complete freedom to move without limitations*. You will also be given the opportunity to add comments to further explain your score if you wish.



To the left is a diagram of an iPad. **A**, **B**, and **C** indicate where parts of the room can be located. When situated in the VSS, you will start in the center of the room (**C**) facing towards the front of the room (**B**).

A = Top left corner of the room
B = Front of the room
C = Centre of room
D = Button to calibrate head tracker

Answering Question

Note that when you’re within the VSS it will be difficult to write down your answers to the questions asked. Therefore you will be asked to answer verbally and your answers will be taken down for you. You will be asked at the end of the test to check that your answers have been taken down truthfully.

Information and Consent

Experimenter: _____

Please read the following statements and tick the boxes on the right hand side to indicate that you understand and agree.

- | | |
|---|--------------------------|
| I understand that at any point I may choose to withdraw from the experiment | <input type="checkbox"/> |
| I understand that I may omit answers to any questions | <input type="checkbox"/> |
| I agree that I am here voluntarily | <input type="checkbox"/> |
| I understand and agree that the experimenter conductor will be observing the experiment | <input type="checkbox"/> |
| I agree that the system being used has been explained to me | <input type="checkbox"/> |
| I agree that the point of this experiment has been explained to me | <input type="checkbox"/> |

Participant Signature: _____

Answer Sheet

Participant Number: _____

Date: _____

Test #1

Question 1: Please state whether you feel you have:

Moved a **shorter** distance than I had in **A**

Moved the **same** distance I had in **A**

Moved a **further** distance than I had in **A**

I don't know

Trial	Score			
	Shorter	Same	Further	Don't Know
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I agree that the answers that have been taken down on my behalf are correct ☐

Participant Signature: _____

Participant Number: _____

Date: _____

Test #2 - Part 1

Question 2: Do you feel you have changed location within the room?

Trial	Answer
1	YES/NO
2	YES/NO
3	YES/NO
4	YES/NO
5	YES/NO
6	YES/NO
7	YES/NO

Test #2 - Part 2

Question 3: Please rate on a scale of **1 - 10** the mobility within the virtual space where **1** = Extremely “jumpy” movement and **10** = Completely smooth movement or please select “N/A” if you can not tell you are moving.

Trial	Score										N/A
1	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

I agree that the answers that have been taken down on my behalf are correct ☐

Participant Signature: _____

Question 4: Please rate on a scale of **1 - 10** the mobility within the virtual space where **1** = Extremely staggered movement and **10** = Completely smooth movement or please select “N/A” if you can not tell you are moving.

Trial	Score										N/A
1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>
2	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>
3	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>
4	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>
5	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>

Comments:

I agree that the answers that have been taken down on my behalf are correct ☐

Participant Signature: _____