It felt like I was in control of the movements during the task.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| o | o | o | o | o | o | o |
| -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Strongly disagree |  |  |  |  |  | Strongly agree |

What is the degree of control you felt?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| o | o | o | o | o | o | o |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Lowest |  |  |  |  |  | Highest |

It felt like the device I was using was part of my body.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| o | o | o | o | o | o | o |
| -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Strongly disagree |  |  |  |  |  | Strongly agree |