No.: Date:

Test Settings:

Pre-Screening

Please leave empty if you don’t know or don’t want to answer.

Age: \_\_\_\_\_\_\_\_\_

Gender:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Female | Male | Transgender | Non-Binary | Agender | Not listed:  \_\_\_\_\_\_\_\_ |

I used a Virtual Reality, head-mounted device before: Yes[ ] No[ ]

I played Virtual Reality Games: Yes[ ] No[ ]

I used Virtual Reality for creative purposes before: Yes[ ] No[ ]

I used Virtual Reality professionally before: Yes[ ] No[ ]

I have experience with 3D modeling: Yes[ ] No[ ]

I have experience with 3D modeling in Virtual Reality: Yes[ ] No[ ]

I have experience creating virtual vegetation: Yes[ ] No[ ]

I created virtual Landscapes before: es[ ] No[ ]

I am left-handed Yes[ ] No[ ]

I am color-blind

Red-green (Deuteranopia) Yes[ ] No[ ]

Red-green (Protanopia) Yes[ ] No[ ]

Blue-yellow (Tritanopia) Yes[ ] No[ ]