

Study Questionnaire - Collision Warning System

Fields marked with * are mandatory.

Before getting started

When responding to questions with a number slider, if you wish to keep the default value, don't forget to click **"accept the initial position"**.

* Insert the code that was given to you by the research team

System Usability Scale

I think that I would like to use this system frequently
Move the slider or accept the initial position.

Strongly Disagree

Strongly Agree

<

1

3

▼

5

>

I found the system unnecessarily complex
Move the slider or accept the initial position.

Strongly Disagree

Strongly Agree

<

1

3

▼

5

>

I thought the system was easy to use
Move the slider or accept the initial position.

Strongly Disagree

Strongly Agree

<

1

3

▼

5

>

I think that I would need the support of a technical person to be able to use this system
Move the slider or accept the initial position.

Strongly Disagree

Strongly Agree

<

1

3

▼

5

>

I found the various functions in this system were well integrated
Move the slider or accept the initial position.

Strongly Disagree

Strongly Agree

<

1

3

▼

5

>

I thought there was too much inconsistency in this system
Move the slider or accept the initial position.



I would imagine that most people would learn to use this system very quickly
Move the slider or accept the initial position.



I found the system very cumbersome to use
Move the slider or accept the initial position.



I felt very confident using the system
Move the slider or accept the initial position.

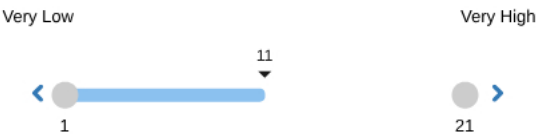


I needed to learn a lot of things before I could get going with this system
Move the slider or accept the initial position.

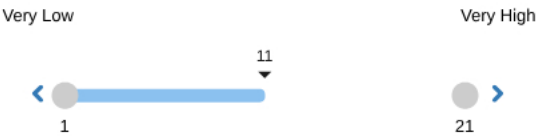


Task Load Index

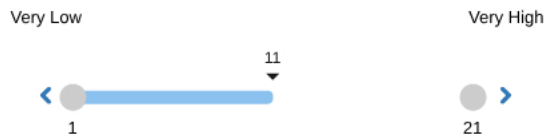
How mentally demanding was the task?
Move the slider or accept the initial position.



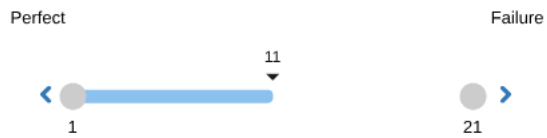
How physically demanding was the task?
Move the slider or accept the initial position.



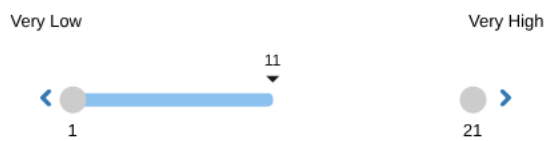
How hurried or rushed was the pace of the task?
Move the slider or accept the initial position.



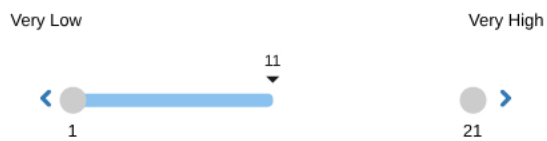
How successful were you in accomplishing what you were asked to do?
Move the slider or accept the initial position.



How hard did you have to work to accomplish your level of performance?
Move the slider or accept the initial position.

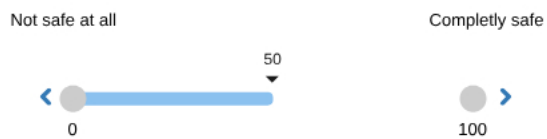


How insecure, discouraged, irritated, stressed, and annoyed were you?
Move the slider or accept the initial position.



Perceived Safety

How safe did you feel during this task?
Move the slider or accept the initial position.



Suggestions & Feedback

If you want to, leave your suggestions and feedback about the systems used!

Submit