Automatic Remapping of Visual Field

Start of Block: Participant Info
Participant ID * Please ask the study administrator for this
Q2 Remap mode
O Manual (1)
O Automatic (2)
Q3 Visual defect condition
O Hemianopia (Right) (1)
O Hempianopia (Left) (2)
Quadrantanopia (Temporal-Right) (3)
Quadrantanopia (Parietal-Left) (4)
End of Block: Participant Info

Start of Block: SSQ-Pretest

SSQ-Pre [Pre-test] Select how much of each symptom below is affecting you right now.

	None (1)	Slight (2)	Moderate (3)	-
General discomfort (1)	0	0	\circ	0
Fatigue (2)	0	\circ	0	0
Headache (3)	0	\circ	\circ	\circ
Eye strain (4)	0	0	\circ	0
Difficulty focusing (5)	0	\circ	\circ	\circ
Increased salivation (6)	0	0	\circ	\circ
Sweating (7)	0	\circ	0	0
Nausea (8)	0	0	0	0
Difficulty concentrating (9)	0	\circ	\circ	\circ
Fullness of head (10)	0	\circ	\circ	\circ
Blurred vision (11)	0	\circ	\circ	\circ
Dizzy (eyes open) (12)	0	\circ	\circ	\circ
Dizzy (eyes closed) (13)	0	0	\circ	0
Vertigo (14)	0	0	\circ	0
Stomach awareness (15)	0	0	\circ	0
Burping (16)	0	0	\circ	0

End of Block: SSQ-Pretest

Start of Block: SSQ-PostTest

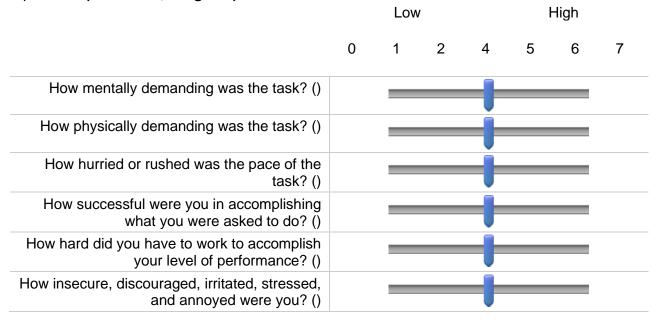
SSQ-Post [Post-test] Select how much of each symptom below is affecting you right now.

000 1 000 11 000 10	None (1)	Slight (2)	Moderate (3)	Severe (4)
General discomfort (1)	0	\circ	\circ	0
Fatigue (2)	0	\circ	\circ	\circ
Headache (3)	0	\circ	\circ	\circ
Eye strain (4)	0	\circ	\circ	\circ
Difficulty focusing (5)	0	\circ	\circ	\circ
Increased salivation (6)	0	\circ	\circ	\circ
Sweating (7)	0	\circ	\circ	\circ
Nausea (8)	0	\circ	\circ	\circ
Difficulty concentrating (9)	0	0	\circ	0
Fullness of head (10)	0	0	\circ	0
Blurred vision (11)	0	0	\circ	\circ
Dizzy (eyes open) (12)	0	0	\circ	0
Dizzy (eyes closed) (13)	0	0	\circ	\circ
Vertigo (14)	0	0	\circ	0
Stomach awareness (15)	0	\circ	\circ	\circ
Burping (16)	0	\circ	\circ	\circ

End of Block: SSQ-PostTest

Start of Block: NASA-TLX

NASA-TLX Based on the condition you've experienced just now, answer the following questions (0 = lowest, 7 highest):



Q18 Is this the last condition you are testing? * To be filled by study administrator

O No (1)

O Yes (2)

Skip To: End of Survey If Is this the last condition you are testing? * To be filled by study administrator = No

End of Block: NASA-TLX

Start of Block: General questions, Post all conditions

Qual user Please answer the following regarding the VR program you have just used:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I find the program to be useful (1)	0	0	0	0	0
The program is easy to use (2)	0	0	0	0	0
The user interface is intuitive (3)	0	0	0	0	0
The user interface is consistent across all 'scenes' (4)	0	0	0	0	0
The program would be helpful for people with visual defects (5)	0	0	0	0	0
I would use the program regularly (6)	0	0	\circ	\circ	\circ

SUS Click to write the question text

	Click to write Scale Point 1 (1)	Click to write Scale Point 2 (2)	Click to write Scale Point 3 (3)	Click to write Scale Point 4 (4)	Click to write Scale Point 5 (5)
I think that I would like to use this system frequently. (1)	0	0	0	0	0
I found the system unnecessarily complex. (4)	0	0	0	0	0
I thought the system was easy to use. (5)	0	\circ	\circ	\circ	0
I think that I would need the support of a technical person to be able to use this system. (6)	0				0
I found the various functions in this system were well integrated.	0				0
I thought there was too much inconsistency in this system. (8)	0	0	0	\circ	0
I would imagine that most people would learn to use this system very quickly. (9)	0				0

I found the system very cumbersome to use. (10)	0	\circ	\circ	\circ	0
I felt very confident using the system. (11)	0	0	0	0	0
I needed to learn a lot of things before I could get going with this system. (12)	0	0	0	0	0
O Manual O Automa	napping mode you remapping (1) atic remapping (2) but prefer the selections.				
	the user interface nighlight them if an				when using

- - - 	What do you think about the program and this experiment in general?	
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