

Automatic Remapping of Visual Field

Start of Block: Participant Info

Participant ID Participant ID * *Please ask the study administrator for this*

Q2 Remap mode

- ☐ Manual (1)
- ☐ Automatic (2)

Q3 Visual defect condition

- ☐ Hemianopia (Right) (1)
- ☐ Hemianopia (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)	Severe (4)
General discomfort (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye strain (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty focusing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased salivation (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fullness of head (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred vision (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizzy (eyes open) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizzy (eyes closed) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertigo (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach awareness (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burping (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**.

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

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**):

	Low	High					
	0	1	2	4	5	6	7
How mentally demanding was the task? ()							
How physically demanding was the task? ()							
How hurried or rushed was the pace of the task? ()							
How successful were you in accomplishing what you were asked to do? ()							
How hard did you have to work to accomplish your level of performance? ()							
How insecure, discouraged, irritated, stressed, and annoyed were you? ()							

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

- ☐ No (1)
- ☐ 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is easy to use (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The user interface is intuitive (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The user interface is consistent across all 'scenes' (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program would be helpful for people with visual defects (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use the program regularly (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the system unnecessarily complex. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought the system was easy to use. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that I would need the support of a technical person to be able to use this system. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the various functions in this system were well integrated. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought there was too much inconsistency in this system. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would imagine that most people would learn to use this system very quickly. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I found the system very cumbersome to use. (10)

☐☐☐☐☐

I felt very confident using the system. (11)

☐☐☐☐☐

I needed to learn a lot of things before I could get going with this system. (12)

☐☐☐☐☐

Q16 Which remapping mode you prefer the most?

- ☐ Manual remapping (1)
- ☐ Automatic remapping (2)

Q17 Why do you prefer the selected remapping mode?

Q20 Recalling the user interface of the program, are there any issues or confusion when using them? Please highlight them if any, or give any feedback about the user interface.

Q21 What do you think about the program and this experiment in general?

End of Block: General questions, Post all conditions
