

CS715 G4 User Study Pre-Experiment Survey

* Indicates required question

1. What is your Research ID? (Ask one of the researchers if unsure) *

About yourself

All questions are optional. You are welcome to skip a question if you prefer not to say.

2. What is your gender?

Mark only one oval.

☐ Male

☐ Female

☐ Non-Binary

☐ Other:

3. What is your age?

4. Approximately how many hours a week do you spend playing video games?

Mark only one oval.

- ☐ None
- ☐ 0-1 hr
- ☐ 1-2 hr
- ☐ 2-5 hr
- ☐ 5+ hr

5. On a scale of 1 to 10, how do you perceive your current level of spatial abilities?
i.e., being aware of your surroundings and the wider space around you

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Very	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very high-level

6. On a scale of 1 to 10, how energetic are you feeling today?

ONE is completely **refreshed** and **TEN** is completely **exhausted**. Sorry, it's not intuitive, but it's too late for us to change this now :))))

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Corr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely exhausted

7. Have you taken any spatial tests before?

Mark only one oval.

- ☐ Yes
- ☐ No

8. Have you used a Head Mounted Display before?

Such as the HTC Vive or the Oculus Rift.

Mark only one oval.

☐ Yes

☐ No

9. If you have used a Head Mounted Display before and you have suffered any form of motion sickness or discomfort when using it, please provide details.

If yes, please also tell your researcher.

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