

Test Evaluation of the Information Volume for Quality of Experience with Mobile Pervasive Augmented Reality System Application in Outdoor Sport Context

1. How old are you?

Type one or a few words...

50

2. For how long did you test the prototype?

Select one answer in each row

	1	2	3	4	5
How many times	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For how long (minutes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. When performing an activity, did information overload occurred? 1. Strongly disagree, 2. Disagree, 3. Neither agree nor disagree, 4. Agree, 5. Strongly agree.

Select one answer in each row

	1	2	3	4	5
Walking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race Walking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Running	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Please identify which of the following information types occurred in all of the activities where you have experienced information overload:

Select one or more answers in each row

	with geographic info.	with biometric info.	with weather info.	with social info.
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In the activities performed, identify what functionalities did you choose?

Select one or more answers in each row

	photo	film	call	message	social media
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. For each of the indicated activities, please grade the level of importance of the following information according to: 0 - Don't know; 1 - Not important; 2 - Less important; 3 - Important ; 4 - Very important; 5 - Extremely important.

Fill all following fields

	Walking	Race Walking	Running	Biking
Ambient Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wind Speed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weather Outlook	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relative Humidity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Atmospheric Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caloric Expenditure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Footsteps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
User Speed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travelled Distance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronometer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geolocation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Advices	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alerts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suggestions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Places of interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Do you play outdoor sports often (at least twice a week)?

Select one answer

Yes

No

8. If you have any suggestions to avoid information overload and improve the Quality of Experience when performing any of the above activities please let us know. Thank you!

Type one or a few words...

500