

# Usability test 5th semester project

Consent form:

To begin with, you should agree with the terms of the consent form below.

This is an anonymous questionnaire and will not include your name or contact information.

By continuing with the rest of the questionnaire you agree that the data collected may be used for a project report and possibly a publication in a conference journal or similar. Your personal data such as name or other information will not be collected.

If you have any inquiries, questions or wish to no longer have your answer be apart of the questionnaire please contact the group on our group email ([med510kbh2020@create.aau.dk](mailto:med510kbh2020@create.aau.dk)).

\* Required

1. Do you agree to the terms stated above? \*

*Mark only one oval.*

☐ Yes

☐ No

Post game  
questionnaire

In this section we will ask you questions about the experience and how you interacted/experienced it.

2. In your own words what did you just experience? \*

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3. How many objects did you feel you could interact with? and what were they? \*

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4. Do you have any additional comments, remarks or suggestions? \*

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Likert  
scale

In this section we would like you to rate on a scale from 1 to 7 how much you agree or disagree with the following statements, where 1 is completely disagree and 7 is completely agree.

5. The objects were easy to interact with \*

*Mark only one oval.*

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

6. It was difficult to figure out which objects I could interact with \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

7. I felt that my actions had an impact on the experience \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

8. I found the experience difficult to complete \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

9. I let myself explore the environment \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

10. The AUDIO had an impact on what I interacted with \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

11. The LIGHTING had an impact on what I interacted with \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

12. I felt I was in control of my movements \*

Mark only one oval.

	1	2	3	4	5	6	7	
Completely disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely agree

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