

## Consent form

This is a consent form.

If you agree to the terms press "Yes" otherwise press "No" and the questionnaire will end.

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

The questionnaire consist of two phases. Phase one is strictly to put you in a demographic group, the second phase consists of questions related to the product.

If you have any questions during the test please ask one of the members of the group and they will be of assistance.

If you have any inquiries, questions or wish to no longer have your answer be apart of the questionnaire please contact the the group on our group email ([k19ml308@create.aau.dk](mailto:k19ml308@create.aau.dk))

**\* Required**

**1. Do you agree with the terms above? \***

*Mark only one oval.*

☐ Yes

☐ No      *Stop filling out this form.*

## Med3 test questionnaire

These questions are related to which demographic group you belong to. Please answer all the questions.

**2. How old are you? \***

---

**3. What gender are you? \***

*Mark only one oval.*

☐ Male

☐ Female

☐ Other

☐ Prefer not to say

**4. How many days a week do you watch TV in your free time? \***

*Mark only one oval.*

	0	1	2	3	4	5	6	7	
Less than once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Everyday of the week

**5. How many days a week do you watch movies and/or series? \****Mark only one oval.*

	0	1	2	3	4	5	6	7	
Less than once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Everyday of the week

**6. How many days a week do you play video games? \****Mark only one oval.*

	0	1	2	3	4	5	6	7	
Less than once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Everyday of the week

**7. What genres do you like? \****Check all that apply.*

- ☐ Horror
- ☐ Comedy
- ☐ Thriller
- ☐ Action
- ☐ Romance
- ☐ Other: \_\_\_\_\_

**Post-test questionnaire**

These are a list of questions we would like you to answer after having tried our product. Please be as detailed and descriptive as possible.

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

---

---

---

---

---

**9. What changed in the scene? \***

---

---

---

---

---

**10. If you noticed changes, did you feel in control of the change?***Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ Other: \_\_\_\_\_

**Final Questions****11. On scale of 1 to 10, how responsive did you feel the weather system was to your facial expression? \****Mark only one oval.*

	1	2	3	4	5	6	7	8	9	10	
Not at all responsive	<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 responsive

**12. How smooth did you feel the transition was in the scene? \****Mark only one oval.*

	1	2	3	4	5	6	7	8	9	10	
Not smooth at all	<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 smooth

**13. Would you feel comfortable being recorded while watching a movie at home, knowing that the video will never be seen by a human being? (The data would be used to optimize the program and only stored short term in a cloud server, and then deleted) \***

---

---

---

---

---

**14. Would you feel comfortable being recorded if the data was never stored and only analysed in the running live video feed? (not stored or sent anywhere, not even to a local cloud) \***

---

---

---

---

---

15. How would you rate the experience on a scale from 1 to 10? \*

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Bad	<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"/>	Good

16. Did you try any other facial expressions other than smile/frown? \*

Mark only one oval.

- ☐ Yes
- ☐ No

17. If yes, what expressions?

---

---

---

---

---

18. How intuitive did you feel the program was to use? \*

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not intuitive	<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 intuitive

19. For the final question, imagine this software was implemented for a TV-show such as "Game of Thrones" every person would have a unique version of the episode. The next day you discuss the differences in the episode with your friends. What are your thoughts on this concept? \*

---

---

---

---

---

**Thank you for participating in our test and answering our questionnaire.**

---

We appreciate you :) <3.

