

# Driving Simulator Experiment Questionnaire

\* Required

Email \*

Cannot pre-fill email

How old are you? \*

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45+

What is your gender? \*

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer
- ☐ Other: \_\_\_\_\_

What is your major?

Your answer \_\_\_\_\_

How many years have you been driving? \*

Your answer

What is your average annual mileage (estimate)? \*

- ☐ less than 5,000 miles
- ☐ 5,000 - 10,000 miles
- ☐ 10,000 - 15,000 miles
- ☐ 15,000 - 20,000 miles
- ☐ more than 20,000 miles

### Subjective Perception About Driving simulator

Please only answer the experience when you start the experiment. Practice experience is not considered.

How difficult did you feel to drive the simulator compare to a real vehicle? \*

- |               |                       |                       |                       |                       |                       |                    |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|               | 1                     | 2                     | 3                     | 4                     | 5                     |                    |
| Easy to drive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Difficult to drive |

How nervous/anxious were you when you were driving the simulator? \*

- |                    |                       |                       |                       |                       |                       |                |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|                    | 1                     | 2                     | 3                     | 4                     | 5                     |                |
| Not nervous at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Severe nervous |

Is there any vehicle that particularly caught your attention when you were driving the simulator? \*

- ☐ Yes
- ☐ No

If there is any vehicle caught your attention, please describe the vehicle in brief.

Your answer \_\_\_\_\_

### Recall Driving Behavior

Please only answer the experience when you start the experiment. Practice experience is not considered.

What is the speed limit of the highway in the experiment? \*

- ☐ 55
- ☐ 60
- ☐ 65
- ☐ 70
- ☐ I don't know.

Did you think you were over speeding in the experiment? \*

- ☐ Yes
- ☐ Highly likely
- ☐ Possible
- ☐ Highly unlikely
- ☐ No

Did you change lane during the experiment? \*

☐ Yes

☐ No

If you changed lane, why did you change lane in the experiment? (select all that applies)

☐ Just for fun.

☐ The vehicle behind me is too close.

☐ The front vehicle is too big.

☐ The sign on the truck(s) suggested lane change.

☐ I need to exit the highway.

☐ The front vehicle is too slow.

☐ Other: \_\_\_\_\_

### Recall Driving Scenario

Please only answer the experience when you start the experiment. Practice experience is not considered.

Which of the following vehicles is the one in front of you in your initial lane ? \*



☐ vehicle 1



☐ vehicle 2



☐ vehicle 3

☐ I don't remember



☐ vehicle 4

Which of the following vehicles are existing in your experiment? (select all that applies) \*



☐ vehicle 1



☐ vehicle 2



☐ vehicle 3

☐ I don't know



☐ vehicle 4

Which of the following scenarios are NOT the mobile work zone in the experiment? (select all that applies)

\*



☐ scenario 1



☐ scenario 2



☐ scenario 3

☐ I don't know



☐ scenario 4

## Feedback

Could you describe your overall feeling or feedback in this driving simulator experiment?

\*

Your answer

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