

VR Feedback Form.

Please circle the options which best describe your experience today. All questions are optional.

0a. How would you describe your impairment?

Blind or Vision Impaired

Deaf or Hearing Impaired

Motor Impairment

Cognitive or Learning Impairment

0b. Please circle any words which describe your experience today:

Scary

Safe

Exciting

Boring

Easy

Difficult

None of the Above

1a. Picking up the controllers:

		
Easy	OK	Difficult

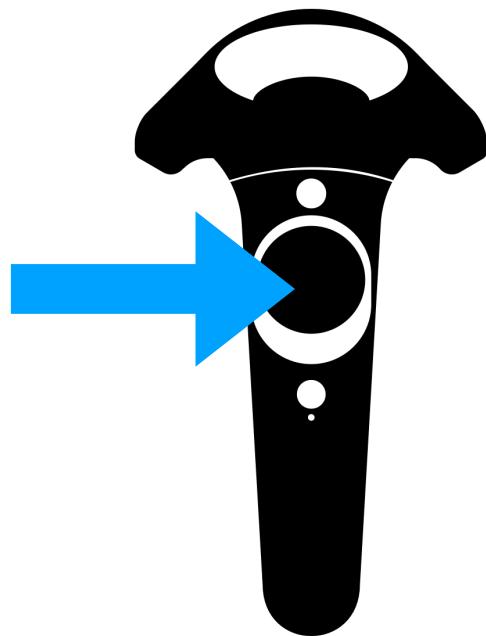
If difficult, please describe what you found difficult:

1b. Holding the controllers:

		
Easy	OK	Difficult

If difficult, please describe what you found difficult:

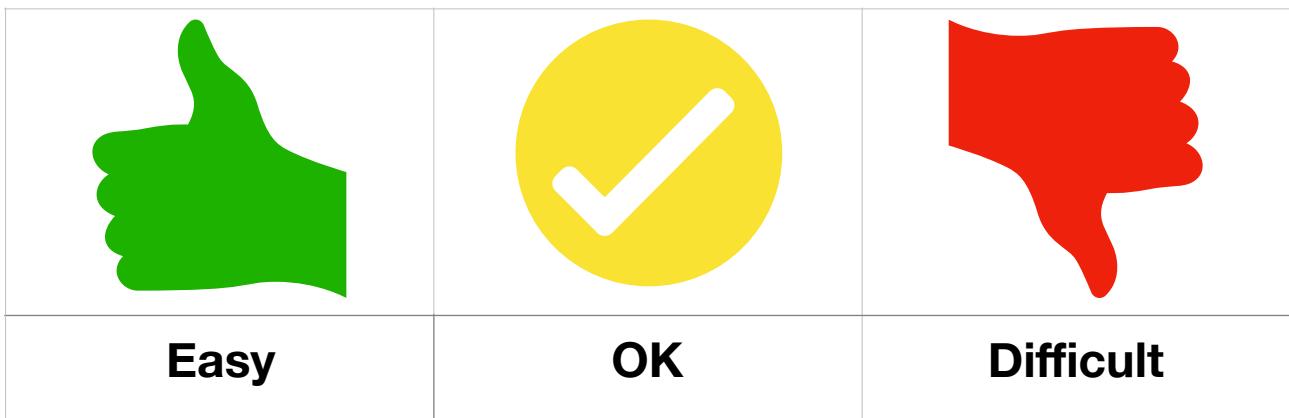
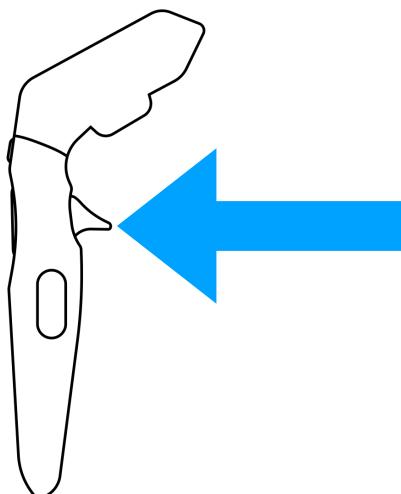
1c. Using the controller thumb pad:



Easy	OK	Difficult

If difficult, please describe what you found difficult:

1d. Using the controller trigger:



If difficult, please describe what you found difficult:

1e. Putting down the controllers:

		
Easy	OK	Difficult

If difficult, please describe what you found difficult:

1f. Putting on the headset:

		
Easy	OK	Difficult

If difficult, please describe what you found difficult:

1g. Wearing the headset:

		
Easy	OK	Difficult

If difficult, please describe what you found difficult:

1h. Taking off the headset:

		
Easy	OK	Difficult

If difficult, please describe what you found difficult:

1g. Walking around in VR

		
Easy	OK	Difficult

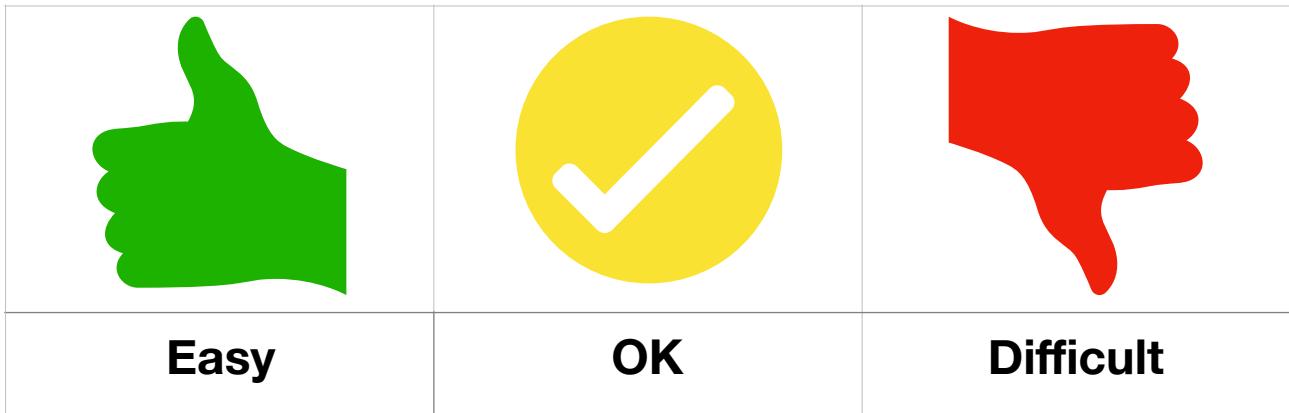
If difficult, please describe what you found difficult:

1h. Using the teleported to “jump” around in VR?

		
Easy	OK	Difficult

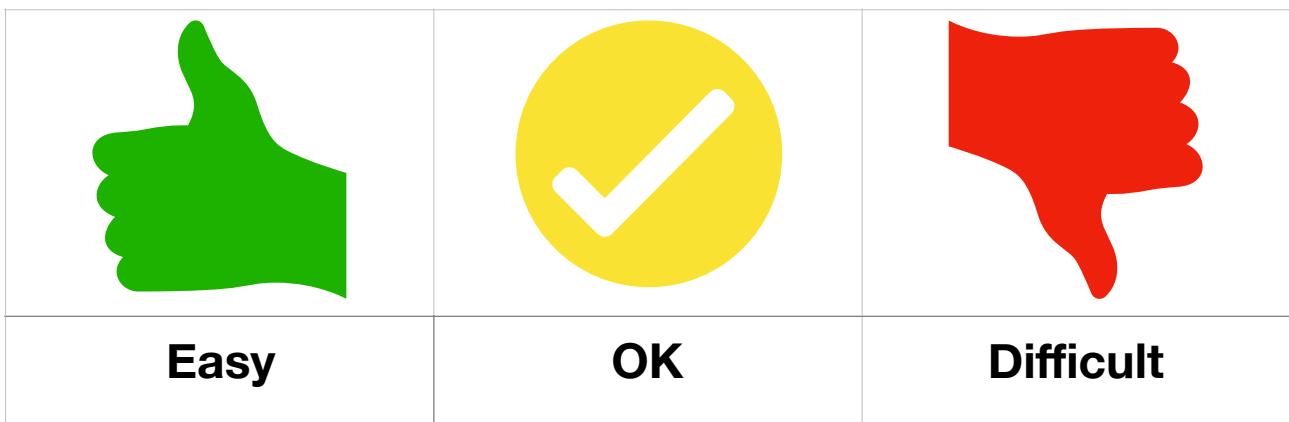
If difficult, please describe what you found difficult:

1g. Knowing when you had run out of space in the REAL world



If difficult, please describe what you found difficult:

1h. Identifying which things in VR can be interacted with or used:



If difficult, please describe what you found difficult: