Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/20xx

**1. For each item below, rate how well your team did in each of the following areas by placing an “X” in the appropriate box.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Below Average | Average | Above Average | Excellent |
| 1. overall performance
 |  |  |  |  |  |
| 1. communicating with the team
 |  |  |  |  |  |
| 1. being “team players”
 |  |  |  |  |  |
| 1. coordinating individual team member’s efforts
 |  |  |  |  |  |
| 1. perceptive of the conditions in the environment
 |  |  |  |  |  |
| 1. knowing what needed to be done
 |  |  |  |  |  |
| 1. being decisive yet flexible
 |  |  |  |  |  |
| 1. being open to input from others
 |  |  |  |  |  |
| 1. remaining calm and focused
 |  |  |  |  |  |
| 1. being logical decision makers
 |  |  |  |  |  |

**2.** **Think about the simulation you just completed and place an “X” in the appropriate box.**

|  |
| --- |
| a) The mental demands were: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| b) The physical demands of the exercise were: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| c) The level of stress I experienced was: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| d) The time pressure I felt was: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| e) The level of frustration I experienced was: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| f) The amount of effort needed to complete the task was: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| g) The level of eye strain I experienced was: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| h) The level of strain I experienced from standing during the simulation was: |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

**3.** **Answer the following questions about the simulation by placing an “X” in the appropriate box.**

|  |
| --- |
| a) How natural did moving through the virtual mine seem? |
| Not Natural |  |  |  |  |  |  |  | Very Natural |
| b) How much did your experience in the virtual simulation seem consistent with your real-world experiences in an actual mine? |
| Not Consistent |  |  |  |  |  |  |  | Very Consistent |
| c) How natural were your interactions with the environment (e.g., opening doors, taking gas readings)? |
| Not Natural |  |  |  |  |  |  |  | Very Natural |
| d) Were you involved in the exercise to the extent that you lost track of time? |
| No – I did not lose track of time at all |  |  |  |  |  |  |  | Yes – I completely lost track of time |
| e) How responsive was the simulation to actions that you performed with the air mouse?  |
| Not at all responsive |  |  |  |  |  |  |  | Very responsive |
| f) How engaged were you in the virtual reality experience? |
| Not at all engaged |  |  |  |  |  |  |  | Very engaged |
| g) How immersed did you feel in the virtual environment? |
| Not at all immersed |  |  |  |  |  |  |  | Very immersed |

**4. On a scale from 1 to 10, rate how difficult or easy it was for you, by the end of the simulation, to do the following.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Place an “X” in the appropriate box.** | Very Difficult |  |  |  |  |  |  | VeryEasy |
| 1. Find your air mouse cursor on the screen.
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Move the air mouse cursor to a specific spot on the screen (such as a door or fire extinguisher).
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Move the air mouse cursor rapidly from one side of the room to the other (i.e., 180 degrees).
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Scroll through different tools on the air mouse (e.g., gas monitor, SCSR).
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Select a tool using the center wheel on the air mouse.
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Use a tool with the air mouse.
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Switch quickly between two different tools.
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

5. **Rate how much you agree or disagree that the words and phrases below describe the simulation you just completed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither  | Agree | Strongly Agree |
| 1. Engaging
 |  |  |  |  |  |
| 1. Chilling/eerie
 |  |  |  |  |  |
| 1. High replay value (i.e., you’d be interested in trying it again sometime)
 |  |  |  |  |  |
| 1. Interesting
 |  |  |  |  |  |
| 1. Flexible (i.e., your team could accomplish the goals the way it wanted to)
 |  |  |  |  |  |

**6.** **Are you able to see stereoscopic 3D images?**  Yes  No

**7. Rate how much, if at all, you experienced the symptoms below** **as a result of the VR simulation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Slight | Moderate | Severe |
| 1. General Discomfort
 |  |  |  |  |
| 1. Eyestrain
 |  |  |  |  |
| 1. Difficulty focusing
 |  |  |  |  |
| 1. Nausea
 |  |  |  |  |
| 1. Dizziness
 |  |  |  |  |
| 1. Stomach Awareness
 |  |  |  |  |

**8. How often do you get motion sickness in the following situations?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Once in a while | Sometimes | Frequently | Always |
| 1. Riding in a car on a twisting and turning road
 |  |  |  |  |  |
| 1. Riding in an airplane experiencing turbulence
 |  |  |  |  |  |
| 1. Riding amusement park rides
 |  |  |  |  |  |
| 1. Watching an IMAX movie
 |  |  |  |  |  |

**9. How much, if any, motion sickness did you experience during the following events in the VR simulation?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Slight | Moderate | Severe |
| 1. Moving down a long entry in the mine
 |  |  |  |  |
| 1. Periods of stopping and moving suddenly
 |  |  |  |  |
| 1. Turning around quickly
 |  |  |  |  |
| 1. Looking around the mine while moving
 |  |  |  |  |
| 1. Looking into a refuge chamber
 |  |  |  |  |

**10.** **Did you enjoy participating in this VR simulation?**  Yes  No