Attachment C3 - Mine Escape participants: Post-Simulation Questionnaire

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
a) overall performance					
b) communicating with the team					
c) being "team players"					
d) coordinating individual team member's efforts					
e) perceptive of the conditions in the environment					
f) knowing what needed to be done					
g) being decisive yet flexible					
h) being open to input from others					
i) remaining calm and focused					
j) being logical decision makers					

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

a) The mental den	nands	were	:						
Very Low									Very High
b) The physical de	mands	of th	ne ex	ercise	e wer	e:			
Very Low									Very High
c) The level of stre	ess I ex	perie	nced	was:					
Very Low									Very High
d) The time pressu	ure I fe	lt wa	s:	T					
Very Low									Very High
e) The level of fru	stratio	n I ex	perie	nced	was	:			
Very Low									Very High
f) The amount of e	effort r	eede	ed to	comp	olete	the t	ask v	vas:	
Very Low									Very High
g) The level of eye	strain	I exp	erier	nced	was:				
Very Low									Very High
h) The level of stra	ain I ex	perie	nced	fron	n star	nding	duri	ng th	e simulation was:
Very Low									Very High

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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? Very Natural Not Natural b) How much did your experience in the virtual simulation seem consistent with your realworld 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 Yes - I completely lost time at all 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? Very immersed Not at all 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.		ery icult								ery
a) Find your air mouse cursor on the screen.	1	2	3	4	5	6	7	8	9	10
b) 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
c) 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
d) Scroll through different tools on the air mouse (e.g., gas monitor, SCSR).	1	2	3	4	5	6	7	8	9	10
e) Select a tool using the center wheel on the air mouse.	1	2	3	4	5	6	7	8	9	10
f) Use a tool with the air mouse.	1	2	3	4	5	6	7	8	9	10
g) Switch quickly between two different tools.	1	2	3	4	5	6	7	8	9	10

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

	Strongly Disagree	Lusagree	Neither	Agree	Strongly Agree
a) Engaging					
b) Chilling/eerie					
c) High replay value (i.e., you'd be					
interested in trying it again sometime)					
d) Interesting					
e) 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
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7. Rate how much, if at all, you experienced the symptoms below <u>as a result of the VR simulation.</u>

	None	Slight	Moderate	Severe
a) General Discomfort				
b) Eyestrain				
c) Difficulty focusing				
d) Nausea				
e) Dizziness				
f) Stomach Awareness				

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

	Never	Once in a while	Sometimes	Frequently	Always
a) Riding in a car on a twisting and turning road					
b) Riding in an airplane experiencing turbulence					
c) Riding amusement park rides					
d) 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
a) Moving down a long entry in the mine				
b) Periods of stopping and moving suddenly				
c) Turning around quickly				
d) Looking around the mine while moving				
e) Looking into a refuge chamber				

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10. Did you enjoy participating in this VR simulation?	☐ Yes	□No