Form Approved

OMB No. 0920-0975

Exp. Date xx/xx/20xx

1. **First, on the top row, circle your role during today’s simulation. For each item below, rate (from 1 to 5) how well you and each member of your team did during the simulation you just completed.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CIRCLE ONE:** | Mine Rescue Captain | Map Man | Gas Man | Stretcher Man | Tail Captain | Briefing Officer |
| 1. Performing his or her own responsibilities |  |  |  |  |  |  |
| 1. Communicating with the team |  |  |  |  |  |  |
| 1. Being a “team player” |  |  |  |  |  |  |
| 1. Contributing to the team’s success |  |  |  |  |  |  |
| 1. Coordinating individual team member’s efforts |  |  |  |  |  |  |
| 1. Perceptive of the conditions in the environment |  |  | 1 = Poor | |  |  |
| 1. Knowing what needed to be done |  |  | 2 = Below Average | |  |  |
| 1. Being decisive yet flexible |  |  | 3 = Average | |  |  |
| 1. Being open to input from others |  |  | 4 = Above Average | |  |  |
| 1. Having a calming influence on the group |  |  | 5 = Excellent | |  |  |
| 1. Being a logical decision maker |  |  |  |  |  |  |

**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 instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA, 30333, ATTN: PRA (0920-0975).

**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 | |  |  |  |  |  |  | Very  Easy | |
| 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