

Attachment C8 - Mine Rescue participants: Post-Simulation Questionnaire

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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.

<u>CIRCLE ONE:</u>	Mine Rescue Captain	Map Man	Gas Man	Stretche r Man	Tail Captain	Briefing Officer
a) Performing his or her own responsibilities						
b) Communicating with the team						
c) Being a “team player”						
d) Contributing to the team’s success						
e) Coordinating individual team member’s efforts		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> 1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent </div>				
f) Perceptive of the conditions in the environment						
g) Knowing what needed to be done						
h) Being decisive yet flexible						
i) Being open to input from others						
j) Having a calming influence on the group						
k) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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b) The physical demands of the exercise were:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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c) The level of stress I experienced was:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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d) The time pressure I felt was:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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e) The level of frustration I experienced was:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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f) The amount of effort needed to complete the task was:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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g) The level of eye strain I experienced was:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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h) The level of strain I experienced from standing during the simulation was:

Very Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very High
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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).

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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	Disagree	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

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

	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				

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