

Attachment C3 - Mine Escape participants: Post-Simulation Questionnaire

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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