

Public Safety Imaging Systems - Human Perception Testing
QUESTIONNAIRE

Title of Research: **Public Safety Imaging Systems - Human Perception Testing**

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All questions used in this questionnaire pertain to the imaging technology that was used in your perception testing experience. The questions will be used to assess: 1) a collective level of pertinent experience with the imagery your group was shown in the perception testing, and 2) a collective indicator of the physiological state of your group during the perception testing in which you participated. If time does not permit, due to travel arrangements restraints, please complete this questionnaire and return it using the attached self-addressed stamped-envelope.

1. Experience

- a. Total number of years of experience using the imaging technology. _____
- b. The number of hours per month, on average, that you use the imaging technology in an operational setting. _____
- c. The number of hours per month, on average, that you use the imaging technology for training. ___
- d. What is (are) the reason(s) you use the imaging system?
 - i. Identify a type of target (threat or object of interest)
 - ii. Locate the position of the target
 - iii. Distinguish between targets
 - iv. Identify components of a target
 - v. All of the above
 - vi. Other
- e. Describe the type of items are you expecting the imaging system to display.

- f. At a minimum, what must the imaging system allow you to see? _____

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- g. List as accurately as possible the different imaging systems (devices, cameras, etc.) you have used (manufacturer, model, years of experience)

Imaging system	Manufacturer	Model	Years of experience

2. Physiological state

- a. What is your age at time of perception testing: _____
- b. Eyesight at time of perception testing (for example, 20/20)

- c. Do you wear corrective eyewear during your job function? Yes No
- d. Were you wearing the same corrective eyewear at the time of the perception testing? Yes No
- e. Did you experience problems with your eyewear? Yes No
- f. Did you experience weariness during the perception testing?
In the morning? Yes No If yes for how long? _____
In the afternoon? Yes No If yes, for how long? _____
- g. Were you taking medication (that can impact your ability to focus on a task) during the perception testing that you would not normally take during your job function? Yes No

3. Do you have recommendations for improving the training and/or testing process?

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NOTE: This questionnaire contains collection of information requirements subject to the Paperwork Reduction Act. Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. The estimated response time is 15 minutes. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Nicholas Paulter by e-mail to nicholas.paulter@nist.gov or by phone on 301-975-2405.

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