

**Public Safety Imaging Systems - Human Perception Testing**

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**PRE-STUDY 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 will be used in your perception testing experience. The questions will be used to assess: 1) a collective level of past experience with the imagery that your test group was shown in the perception testing, and 2) a collective indicator of the physiological state of your test group during the perception testing in which you participated. Your responses will only be linked to your Participant Number, and not to your name. If you have a concern about a question, you may choose to not answer that question.

Date: \_\_\_\_\_.

**1. Experience**

- a. Total number of years of experience using the type of imaging technology used in this perception testing \_\_\_\_\_.
- b. Please estimate the number of hours that you have used the imaging technology in an operational setting:  
In the past month \_\_\_\_\_.  
In the past year \_\_\_\_\_.
- c. Please estimate the number of hours that you have used the imaging technology for training:  
In the past month \_\_\_\_\_.  
In the past year \_\_\_\_\_.

d. What is (are) the reason(s) you use this type of imaging system?

(Choose all that apply)

- To determine if an object of interest (threat, hazard, contraband, etc.) is present in the image.
- To identify the types of objects of interest
- To locate the position of the objects of interest
- To identify components of the objects of interest
- Other \_\_\_\_\_

e. Describe the types of objects of interest that you expect the imaging system to display in your operational work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

g. List as accurately as possible the different imaging systems (devices, cameras, etc.) you have used in the past 5 years

Imaging system	Manufacturer	Model	Years of experience

2. Physiological state

a. What is your age? \_\_\_\_\_

b. What is your job title? \_\_\_\_\_

c. Do you wear corrective eyewear during your job function?  Yes  No

d. Will you be wearing the same corrective eyewear at the time of the perception testing?  Yes  No

e. Are you taking medication that could impact your ability to focus on the task that you would not normally take during your job function?  Yes  No