**Attachment E: Virtual Reality Experience Questionnaire**

**VIRTUAL REALITY EXPERIENCE QUESTIONNAIRE**

1. **Prior experience with virtual reality.**

* 1. Have you had any prior experience using any virtual reality devices? YES | NO

**If you answered ‘No’ to the previous question, skip the following 3 questions.**

* 1. What type of virtual reality device do you use or have previously used.

🗌 Head mounted display or virtual reality headset (e.g., Oculus Rift, Meta Quest, HTC VIVE, etc.)

🗌 Virtual reality CAVE

🗌 Mixed reality glasses (e.g., Microsoft HoloLens, Google Glasses)

🗌 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. How long had you used the technology that you selected above?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours/weeks/months/years

* 1. How often do you use the technology that you selected above?

🗌 Never

🗌 Hardly ever

🗌 Occasionally

🗌 Quite often

🗌 Frequently

🗌 Nearly all the time

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