

Attachment E: Virtual Reality Experience Questionnaire

VIRTUAL REALITY EXPERIENCE QUESTIONNAIRE

1. Prior experience with virtual reality.

- a. 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.

- b. 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: _____

- c. How long had you used the technology that you selected above?
_____ hours/weeks/months/years

- d. 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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