NASA Task Load Index (TLX)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a 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 current valid OMB Control Number. The OMB Control Number for this information collection is 21xx-xxx. The information collected in this study will be used to create a database of vehicle occupant body size, shape, and posture. The data will be used to improve vehicle safety. Public reporting for this collection of information is estimated to be approximately **160 minutes**, including the study tasks, the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary; all responses will be de-identified and confidential, per 45 CFR part 46. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Room W45-205, Washington, DC, 20590.

For each question below, please rate each dimension by assigning a number that best describes your experience, from Low to High, where Low is equivalent to a zero and High is a 100:

Mental Demand

How mentally demanding was the task? How much mental and perceptual activity was required (e.g. thinking, deciding, calculating, remembering, looking, searching, etc.)?

Low (0) |_____| High (100)

Physical Demand

How physically demanding was the task? How much physical activity was required (e.g. pushing, pulling, turning, controlling, activating, etc.)?

Low (0) |_____| High (100)

Temporal Demand

How hurried or rushed was the pace of the task? How much time pressure did you feel due to the rate or pace at which the tasks occurred?

Low (0) |_____| High (100)

Performance

How successful were you in accomplishing what you were asked to do? How satisfied were you with your performance?

Low (0) |_____| High (100)

Effort

How hard did you have to work (mentally and physically) to accomplish your level of performance?

Low (0) |_____| High (100)

Frustration

How insecure, discouraged, irritated, stressed, and annoyed versus secure, gratified, content, relaxed, and complacent did you feel during the task?

Low (0) |_____| High (100)

Participant ID: _____ System: _____ Task: _____ Date: _____