A Technique to Measure Visual Proprioception with Respect to Human Performance

PRE-EXPERIMENT FEEDBACK QUESTIONNAIRE

General Participant Information: PRE-EXPERIMENT

Do you feel physically capable of executing the experiment as described by the investigator?

☐ YES  ☒ NO

Do you, or did you, own a touch-screen enabled device (e.g., Smart Phone, Tablet, Touch-Screen Computer, etc.)?

☐ YES  ☒ NO

Do you, or did you, play the piano or string instruments?

☐ YES  ☒ NO

Do you, or did you, play video games?

☐ YES  ☒ NO

Do you or did you play sports?

☐ YES  ☒ NO

List Sport(s) Played: ________________________________

How many hours of sleep did you get last night?

Number of hours: ______

What type of activity did you engage in last evening or just prior to this experiment (e.g., attend class, exercise, running, dancing, etc.)?

List Activity(ies): _______________________________________

Have you consumed alcohol or nicotine in the last 24 hours?

☐ YES  ☒ NO

List type of consumption (e.g., beer, wine, liquor, cigarettes, cigars, pipes, chewing tobacco, etc.): ________________________________
How would you rate your current emotional state?

○ DEPRESSED    ○ ANGER    ○ FEAR    ○ ANXIOUS    ○ CAREFREE    ○ PLEASURE

Additional Feedback
Please share any additional comments or feedback.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Information
Participant #: ____________________ Pre-Questionnaire Time: __________ Height: __________
Gender: _________________________ Age: ____________________ Dominant Hand: ________

Thank you for taking the time to complete the survey!
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POST-EXPERIMENT FEEDBACK QUESTIONNAIRE

General Participant Information: POST-EXPERIMENT

How would you rate your ability to perform the experiment?

POOR 1 2 3 4 5 6 7
VERY GOOD

How would you rate your current emotional state?

DEPRESSED ANGER FEAR ANXIOUS CAREFREE PLEASURE

How would you rate your level of effort?

POOR 1 2 3 4 5 6 7
VERY GOOD

How tired do you feel?

VERY TIRED 1 2 3 4 5 6 7
ENERGETIC

Additional Feedback

Please share any additional comments or feedback.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Information

Participant #: ___________________________ Post-Questionnaire Time: ___________

Thank you for taking the time to complete the survey!