Demographic Survey

Please answer to the following questions.

1. Age: \_\_\_\_\_
2. Gender (Circle one):

* Female
* Male

1. What is your visual acuity ?

* Normal vision (20/20)
* Corrected vision (20/20)
* Other (please explain):

1. Do you have any type of color blindness?

* Yes (type: \_\_\_\_\_\_\_\_)
* No
* Not sure

1. Have you ever had the following conditions? (Check all that apply):

* Neurological disorders
* Seizure disorders
* Head injuries
* Physical impairment on one or both hands

1. Are you a student?

* Yes
* No

1. (Answer only if you are a student) You are

* Undergraduate (Major : \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Expected year of graduation : \_\_\_\_\_\_\_\_)
* Master (Major : \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Expected year of graduation : \_\_\_\_\_\_\_\_)
* PhD (Major : \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Expected year of graduation : \_\_\_\_\_\_\_\_)

1. (Answer only if you are **NOT** a student) What is your occupation?

Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often do you play computer games? (Circle one):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rarely | A few times a month | Once a week | A few times a week | Daily |
| ○ | ○ | ○ | ○ | ○ |

1. Types of games played (Check all that apply):

|  |  |  |
| --- | --- | --- |
| □ First Person Shooter | □ Third Person Shooter | □ Role Playing |
| □ Sports | □ Educational | □ Puzzle |
| □ Action / Adventure | □ Survival Horror | □ Beat em ups |
| □ Simulation | □ Real Time Strategy |  |

1. Rate your comfort level with remote controlling devices (Circle one):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not comfortable | |  | Very comfortable | |
| ○ | ○ | ○ | ○ | ○ |

1. Rate your comfort level with using tablet computers (Circle one):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not comfortable | |  | Very comfortable | |
| ○ | ○ | ○ | ○ | ○ |

1. Have you previously flown any sort of drone or Unmanned Aerial Vehicle (e.g. quadcopter, model aircraft)?

* Yes (type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, approximate # of hours flown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No

1. If you answered yes in #13, what type of controller did you use? (Check all that apply):

* Joystick Controller
* Touchscreen Controller (e.g. phone, tablet)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you answered yes in #13, rate your comfort level with flying drones.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not comfortable | |  | Very comfortable | |
| ○ | ○ | ○ | ○ | ○ |