VP-CODE: NR CODE

Pre-Study Questionnaire

Gender	.....
Height	..... cm
Age	..... Years
Highest level of education	.....
Activity/field of study	.....
Do you need a visual aid?	☐ Yes ☐ No If so, are you currently wearing them? ☐ Yes, Glasses ☐ Yes, contact lenses ☐ no aid
Do you have color vision deficiency?	☐ Yes ☐ No
Do you have a limitation of spatial perception?	☐ No ☐ Yes, ... (specify)
Do you have a limitation of movement?	☐ No ☐ Yes, ... (specify)

VP-CODE: NR CODE

	1 Non/Never	2	3 occasional use	4	5 Daily Usage
How often have you had experiences with augmented reality in general, e.g., on smartphones (Pokemon Go, etc.), Nintendo 3DS, ...?	☐	☐	☐	☐	☐
How often have you had experience with head-mounted displays (e.g., HoloLens) for augmented reality?	☐	☐	☐	☐	☐
How often have you had experiences with virtual reality (e.g. Oculus Rift, HTC Vive)?	☐	☐	☐	☐	☐

Health condition before the study

Your physical condition at this moment	1 Not at all	2	3 medium	4	5 greatly
How tired/fatigued are you?	☐	☐	☐	☐	☐
How concentrated are you?	☐	☐	☐	☐	☐
How motivated are you?	☐	☐	☐	☐	☐
Do you have headaches?	☐	☐	☐	☐	☐
How dry or irritated are your eyes?	☐	☐	☐	☐	☐

VP-CODE: NR CODE

Post-Study Questionnaire

Health condition after the study

Your physical condition at this moment	1 Not at all	2	3 medium	4	5 greatly
How tired/fatigued are you?	☐	☐	☐	☐	☐
How concentrated are you?	☐	☐	☐	☐	☐
How motivated are you?	☐	☐	☐	☐	☐
Do you have headaches?	☐	☐	☐	☐	☐
How dry or irritated are your eyes?	☐	☐	☐	☐	☐

What impact did the study have on your health condition in comparison to before the study took place?	