There are 32 questions in this survey.

Please select the language in which you would like to conduct the study and complete this questionnaire.

Please input here your participation number. This number will be given to you by the experimenter. *

Please write your answer here:

*

❶ Check all that apply
Please choose **all** that apply:

☐ I hereby confirm that I have read and signed the privacy policy and the consent form.

Gender? *

Please write your answer here:

Height? (in cm) *

Please write your answer here:

Age? (in years) *

Please write your answer here:

Highest level of education? *

Please write your answer here:

Current line of work or field of study? *

Please write your answer here:

Do you need a visual aid? If so, what are you wearing right now?

Please write your answer here:

Do you have a color vision deficiency? If so, what type?

Please write your answer here:

Do you have a limitation of spatical perception? If so, what type?

Please write your answer here:

Do you have a limitation of movement? If so, which type?

Please write your answer here:

Please fill out the following matrix. *

Please choose the appropriate response for each item:

	1 - non/never	2	3 - ocaasional use	4	5 - daily usage
How often have you had experiences with augmented reality in general, e.g. also 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)?	○	○	○	○	○

Please fill out the following matrix. *

Please choose the appropriate response for each item:

	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/irritated are your eyes?	○	○	○	○	○
How strained is your neck?	○	○	○	○	○

Please report to the experimenter now. Only after an experiment has been conducted with the HoloLens can you continue to fill out this survey. *

❶ Check all that apply
Please choose **all** that apply:

☐ Yes, I have successfully performed this part of the experiment.

Did you have a special procedure for setting the parameters?

Please write your answer here:

What was your goal while setting the parameters?

Please write your answer here:

Did the objective or procedure differ depending on the area (ceiling or floor)? If yes, how?

Please write your answer here:

Please report to the experimenter now. Only after an experiment has been conducted with the HoloLens can you continue to fill out this survey. *

❶ Check all that apply

Please choose **all** that apply:

☐ Yes, I have successfully performed this part of the experiment.

Did you have a special procedure for setting the parameters?

Please write your answer here:

What was your goal while setting the parameters?

Please write your answer here:

Did the objective or procedure differ depending on the area (ceiling or floor)? If yes, how?

Please write your answer here:

Please report to the experimenter now. Only after an experiment has been conducted with the HoloLens can you continue to fill out this survey. *

❶ Check all that apply
Please choose **all** that apply:

☐ Yes, I have successfully performed this part of the experiment.

Did you have a special procedure for setting the parameters?

Please write your answer here:

What was your goal while setting the parameters?

Please write your answer here:

Did the objective or procedure differ depending on the area (ceiling or floor)? If yes, how?

Please write your answer here:

Please fill out the matrix. *

Please choose the appropriate response for each item:

	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/irritated are your eyes?	○	○	○	○	○
How strained is your neck?	○	○	○	○	○

Did your approach or goal change depending on which parameter was not freely adjustable? Or depending on which combination of the three parameters (distance, size, tilt) was adjustable?

Please write your answer here:

Which parameter was most important for you? Explain why this is the case. *

❗ Choose one of the following answers
Please choose **only one** of the following:

○ Distance

○ Tilt

○ Size

Make a comment on your choice here:

Do you prefer one of the two surfaces (ceiling or floor) to display the two content types shown? *

Please choose the appropriate response for each item:

	-3 - Especially for the ceiling	-2	-1	0 - Equal for both areas	1	2	3 - Especially for the floor
Icons (low information density)	○	○	○	○	○	○	○
Images (medium information density)	○	○	○	○	○	○	○

What is the reason for your preference?

Please write your answer here:

Are there any other comments you would like to share with us? These can be about the study execution, the study design, but also in general about working with the HoloLens.

Please write your answer here:

Submit your survey.
Thank you for completing this survey.