Game Survey

Subject number _____________

Game number _____________

During this game, how hard were you exercising?

_______________________________________________________________________________________________

Not at All                                           Maximal Amount

(On this scale, a low rating would represent very very light exercise and a high rating would represent very very hard exercise, with many levels in between)

Please rate your feelings while playing this game on the following scales:

_______________________________________________________________________________________________

Unhappy/Sad                                           Happy/Elated

_______________________________________________________________________________________________

Calm/Bored                                       Stimulated/Involved

_______________________________________________________________________________________________

Not in Control                                      In Control/Dominant
How much pain did you experience while playing this game?

|_______________________________________________________________________________________________|

No Pain                      Most Severe Pain Imaginable

(On this scale, the lowest rating would reflect no pain, a rating in the leftmost region would reflect mild pain, a rating in the middle region would reflect moderate pain, and a rating in the rightmost region would reflect severe pain. The corresponding pain face scale below provides another pain level representation.)

How safe did this robot behavior seem?

|_______________________________________________________________________________________________|

Very Unsafe                      Very Safe

How much did you enjoy this set of interactions?

|_______________________________________________________________________________________________|

Very Little                      Very Much

How engaged did you feel throughout this set of interactions?

|_______________________________________________________________________________________________|

Very Unengaged                      Very Engaged

How well did you perform during this set of interactions?

|_______________________________________________________________________________________________|

Very Badly                      Very Well
How well did the robot perform during this set of interactions?

|_______________________________________________________________________________________________|
|Very Badly | Very Well |

How rushed did you feel during this set of interactions?

|_______________________________________________________________________________________________|
|Very Rushed | Not at All Rushed |

How calm did you feel during this set of interactions?

|_______________________________________________________________________________________________|
|Not at All Calm | Very Calm |

What comments do you have about this interaction with the robot?

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________