

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



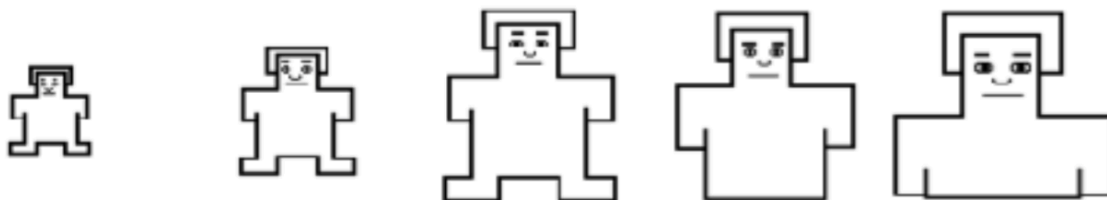
Calm/Bored

Stimulated/Involved



Not in Control

In Control/Dominant



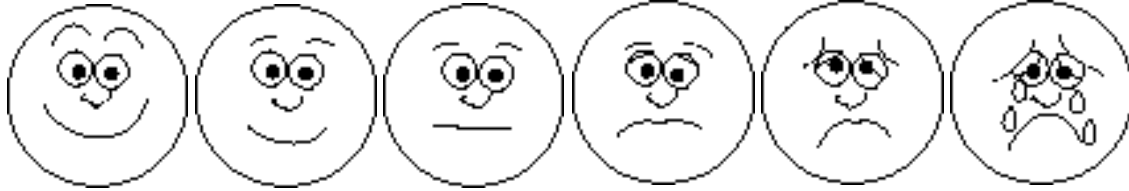
How much pain did you experience while playing this game?

|_____|

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?
