

**Post-Intervention Survey**

|  | Strongly Disagree  |   |   |   |   |   | Strongly Agree |
|--|--|---|---|---|---|---|----------------|
| <b><u>Interest/Enjoyment</u></b>   | 1  | 2 | 3 | 4 | 5 | 6 | 7              |
| I enjoyed doing this activity very much.                                     |  |   |   |   |   |   |                |
| This activity was fun to do.   |  |   |   |   |   |   |                |
| I thought this was a boring activity.  |  |   |   |   |   |   |                |
| This activity did not hold my attention at all.                              |  |   |   |   |   |   |                |
| I would describe this activity as very interesting.                          |  |   |   |   |   |   |                |
| I thought this activity was quite enjoyable.                                 |  |   |   |   |   |   |                |
| While I was doing this activity, I was thinking about how much I enjoyed it. |  |   |   |   |   |   |                |
| <b><u>Future Participation</u></b>   | 1  | 2 | 3 | 4 | 5 | 6 | 7              |
| I would be open to trying VR again in future                                 |  |   |   |   |   |   |                |
| <b><u>Motion Sickness</u></b>  |  |   |   |   |   |   |                |
| Did you experience motion sickness during virtual reality session?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |   |   |   |                |