

Demographic Questionnaire

Study: _____ Condition: _____ Participant: _____

Age	_____		
Sex	<input type="checkbox"/> female	<input type="checkbox"/> male	
Eye Sight	<input type="checkbox"/> normal	<input type="checkbox"/> corrected to normal	<input type="checkbox"/> not corrected
Sight Problems (if applicable)	<input type="checkbox"/> color blindness	<input type="checkbox"/> others: _____	
Handedness	<input type="checkbox"/> left	<input type="checkbox"/> right	
Profession	_____		

Experience

Computer usage	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> rarely
Computer games	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> rarely
Information Visualization	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> very rarely

Personal Workstation Settings

Monitor Size ¹	_____	Number of Monitors	_____
Standard web browser	_____		
Information management tools	_____		
How often do you use those tools?	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> rarely

¹ Of biggest monitor