

Participant Experience Questionnaire
ACTIVATE TEST OF EMBODIED COGNITION

ID Number _____

Date _____

Please rate the following statements about the ATEC assessment experience using a scale of 1 to 5, where **1 indicates that you STRONGLY DISAGREE** and **5 indicates you STRONGLY AGREE**.

	Strongly Disagree			Strongly Agree	
1. I found that some of the tasks were challenging.	1	2	3	4	5
2. I was often bored during the assessment.	1	2	3	4	5
3. I liked the video host, and thought the demonstrations were helpful.	1	2	3	4	5
4. I liked doing some tasks I had never done before.	1	2	3	4	5
5. I always felt safe doing the tasks.	1	2	3	4	5
6. I thought the assessment was relevant to my medical and physical health.	1	2	3	4	5
7. I would not hesitate to take this assessment again.	1	2	3	4	5
8. Instructions were confusing, and I usually didn't understand what I was supposed to do.	1	2	3	4	5
9. Overall, I felt comfortable with the assessment process.	1	2	3	4	5
10. Overall, I enjoyed doing the tasks.	1	2	3	4	5

