

***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

### **Semi Structured Interview for Qualitative Assessment**

***Did you feel this assessment was enjoyable?***      Yes      No

*Why or why not?*

*What task(s) were your favorite? Why?*

*What task(s) did you dislike? Why?*

***Did you feel safe and comfortable during the assessment?***      Yes      No

*Why or Why not?*

*What task(s) if any made you feel unsafe? Why?*

*If you found some tasks uncomfortable, what could we do to make it better for you?*

***Do you think that this assessment is relevant for understanding your mental or physical health problems?*** Yes No

*Why or Why not?*

***Would you be willing to take this assessment again?***      Yes      No

*Why or Why not?*

***Is there anything else you would like to tell us about your experience taking this assessment?***

***Thank you for sharing your experience and for participating in this process.***