

## Questionnaire

1) Identifier: \_\_\_\_\_

2) Are you a Medical Professional? (circle one): Yes No

If yes to (2):

a. How many years have you been in practice?: \_\_\_\_\_

b. Do you perform medical drilling procedures on a frequent basis? (circle one):

Yes No

3) Did you feel the cues provided in the session effective to accomplish your task? (circle one): Yes No

a. Why/Why not?

4) How would you prefer to be guided in drilling other than this method?