

**Observational Experiment Questionnaire**

Do you consent to participating in this study?     Y / N    

**Data used only for communicating with you, and to give feedback about this study:**

Your name \_\_\_\_\_

Your preferred method of communication (email address/postal address)

\_\_\_\_\_

**Data that may be used as part of the study**

On what date did you carry out the observation? \_\_\_\_\_

At what time (please give the time zone too)? \_\_\_\_\_

Please give approximate location  
(e.g. the nearest major city, and country) \_\_\_\_\_

Please indicate your level of astronomical knowledge:

I know very little about astronomy \_\_\_\_\_

I know the names of some constellations \_\_\_\_\_

I'm an amateur astronomer \_\_\_\_\_

I'm a professional astronomer \_\_\_\_\_

Please indicate your skill and experience in the visual arts:

I have no skill in the visual arts \_\_\_\_\_

I enjoy art for fun, but I don't do it seriously \_\_\_\_\_

I'm an amateur visual artist \_\_\_\_\_

I'm a professional visual artist \_\_\_\_\_

Please give feedback on how you felt about this challenge (tick all that apply):

I found this challenging Y / N

I found this enjoyable Y / N

I learned something from doing this Y / N

Any further feedback you would like to give:

Please describe how you approached this exercise:

We will extract information from your diagram and retain this processed data.

May we retain and use your diagram as an example image? Y / N