

Electronic supplementary material

ESM 4. Mixed Reality Usability Questionnaire (MRUQ)

| | |
|---------------------------|--|
| Subject ID | |
| Date of Birth | |
| Date of Patient Education | |

| | Strongly agree | Agree | Rather agree | Rather disagree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The handling of the HMD was impractical. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The handling of the HMD made me feel uncomfortable (e.g., dizziness, headache, nausea). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The HMD helped me to better understand my disease. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The HMD helped me to better understand complications that can be associated with the procedure. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I feel like the use of the HMD during patient education is unnecessary. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the future I would prefer if patient education in other specialties would also be performed using a HMD. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |