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1. Playtest Report

1.1. Playtest

After finishing our alpha release, we went on to do some informal playtesting with other people to get further feedback for improving and polishing our game. 13 people participated in our playtesting in total, where the majority were male. We achieved to interview a broad spectrum of different participants in terms of age (19-31) and gaming experience as seen in the following figures. Most of them had at least some experience with playing games and also with strategy games.

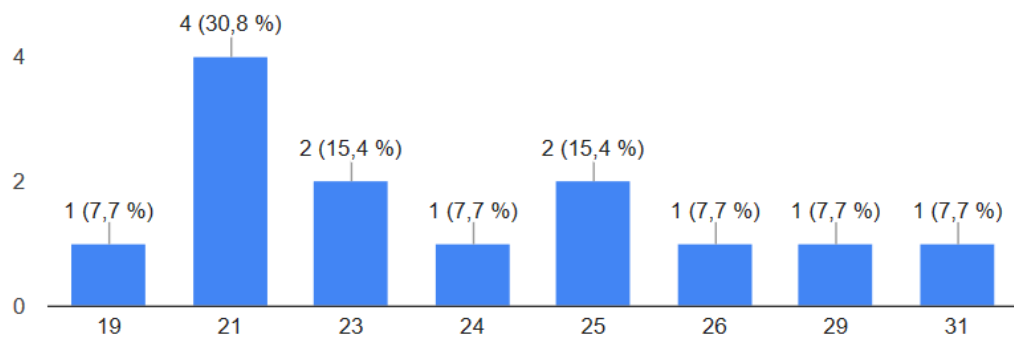


Figure 1 Age distribution of the participants

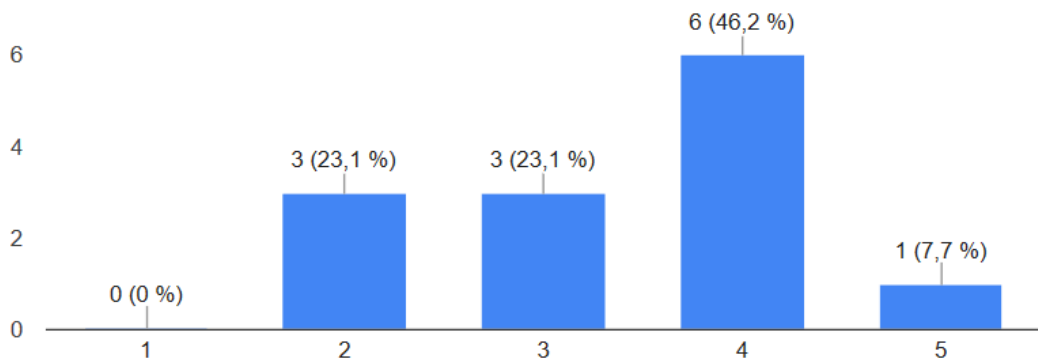


Figure 2 Gaming experience of the playtesters

The play tests are done individually as it's difficult to gather all people at the same time in the same place. Our game is supposed to be singleplayer, so groups wouldn't necessarily have a positive impact on the gameplay experience. We split the playtesting into several parts, guided with a survey to fill out for the testers:

Pre-Game Before playtesting the game we first ask them fill out the first part of our survey

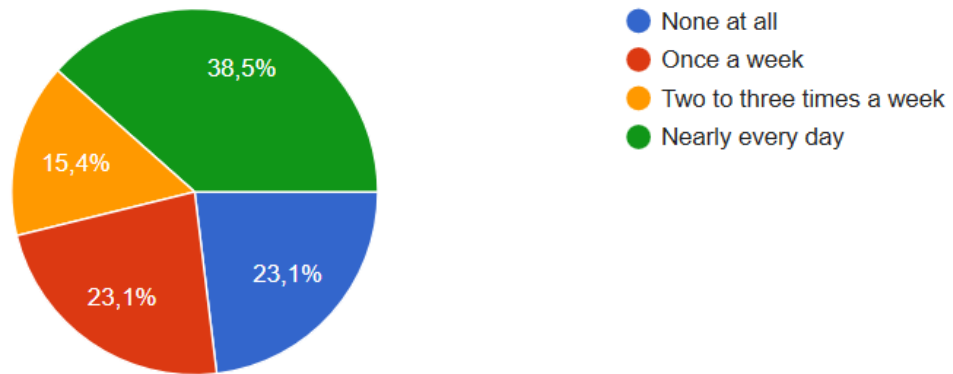


Figure 3 How often the participants are playing games

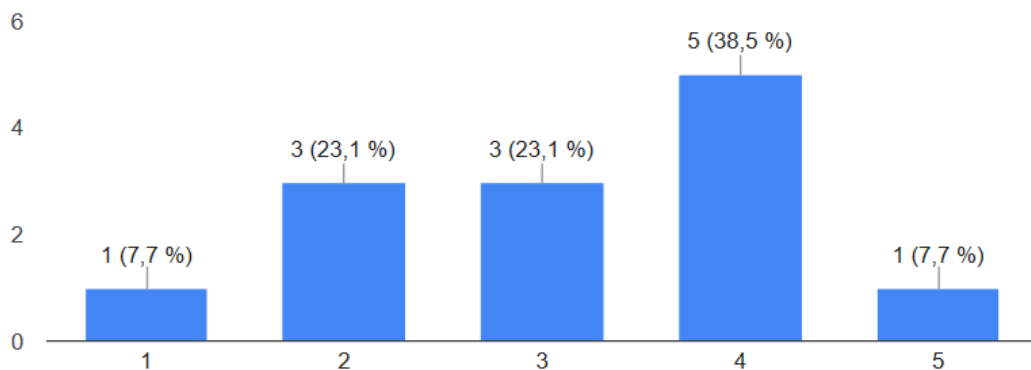


Figure 4 Experience with strategy games of the playtesters

which includes general questions concerning age, gender and experience with games. Additionally their expectations about the game based on hearing the title and the game genre.

Playing In the next step the tester are supposed to play the game for at least 5 min or longer up to their preferences (actually everyone played at least one round). During the playing phase we took notes about their behavior and decision making without helping them or giving further advices. Therefore we encouraged them to speak out loudly during playing.

Post-Game After playing the game the testers were asked to fill out the second half of the survey. In this section the participants are meant to reflect their experience and evaluate their liking of different game aspects. The aspects are divided into several categories in which the players should rate their experience with this aspects, what the liked and disliked most and suggestions for improvement. We defined the following categories:

- Gameplay
- User Interface
- Simulation

- Graphics
- Sound
- General (difficulty, general liking of the game, etc.)

1.2. Results

This section will describe the results of the playtest. Therefore, we will summarize the answers of the playtester and highlight overall trends. The structure of this section will be analogous to the survey. A score of zero is the minimum that can be reached and corresponds to the answer "not at all". A score of four is the maximum and corresponds to the answer "very much".

1.2.1. Miscellaneous

The first impression of the game was overall positive. Some people mentioned that they were overwhelmed by the amount of information to begin of the game. The following enumeration shows some of the answers for this question:

- Strategy game, clear limited area, good!
- takes a moment to understand gameplay, then good impression
- Lots of stuff going on but still doable
- Interesting, kinda funny

Furthermore, most people said that they found the game length just about right or too short. This corresponded to our experience playing the game. You can see the distribution in figure 5.

DID THE GAME FEEL TOO LONG, TOO SHORT, OR JUST ABOUT RIGHT?

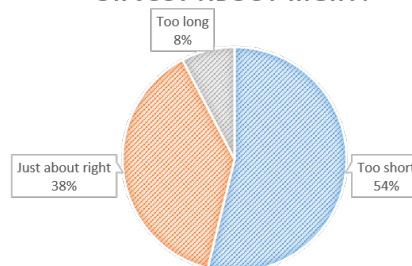


Figure 5 This figure shows how the tester answered the question about the game length.

The sound was received with mixed feelings. The music was liked by most players, the sound effects not that much. Especially the sound of the medics was criticized. The average score on the question if they liked the sound was 2.38 out of 4.

1.2.2. Gameplay

The objective of the game was clear for most of the players and the description of the objective given by the players were satisfying. The overall understanding of the game mechanics could be definitely better. Most player liked the mechanic to find new infected persons. The research system was received differently by the players. Some really liked it, though others did not like it that much. The system to send out ambulances was received quite the same way. An overview over the answer of the tester is given in figure 6.

There was a clear tendency in the game strategies to upgrade the universities to gain more research points and therefore to have more points to spend in research. Furthermore, some strategies included the use of the map to determine, where to send ambulances and place detectors. In the following enumeration some of the player strategies are listed:

- Upgrade unis to gain more RP. Then get the upgrades to slow down virus. Then getting the cure.
- Thinking about the most possible places for many inflected people (like stachus) and placing troops there
- Attack hotspots, do research
- Increasing the medic troop speeds to let them run faster and try to farm some spots.

To summarize this section, we are satisfied that most player did understand the game mechanics and what the objective of the game was. Nevertheless, we recognized that the research system could be enhanced by adding more specific attributes to it, which have greater influence on the gameplay. Also the system to send out ambulances was not received as positively as we wanted it to be.

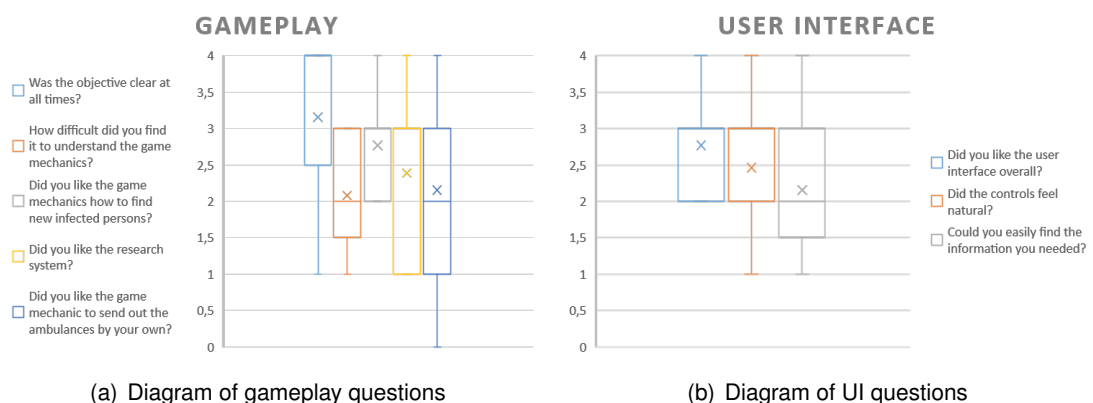


Figure 6 This figure shows how the tester answered the question about the gameplay and the user interface. 4 points was the maximum score and zero the minimum.

1.2.3. User Interface

The results for the user interface were quite good. Overall most of the player liked the user interface. Also the controls felt natural for most of them. Only in the area of information finding

the results were not as positive as in the other two areas, but still not bad. You can see more details in figure 6

Some of the positive aspects that were mentioned by the players:

- simple and small
- Colour, Form and clarity of text
- Very intuitive, no learning curve to get started doing all the things you need to do to win
- easy access to all game mechanics

There were as well some negative aspects. Especially the sound of the medics were criticized, but as well that some buttons were not totally clear at the beginning. Also one person mentioned that it was not satisfying to control every medic individually. Some people would have liked it to have a better overview of the game world.

Furthermore, the playtester had a lot of suggestion what things could be added to the user interface. For example it was suggested to include a minimap, a list of hospitals and medics, display all cost directly by the element, add more feedback and make the closing of the windows easier.

Overall, we were thankful for the feedback and happy that the user interface was received quite positively. In the area of player feedback and information we recognized that there were still some things that should be improved for the final version.

1.2.4. Simulation

This part of the survey was quite interesting for us. How would the player like the simulation part of the game? All in all, the simulation of the citizens felt quite realistically for most of the player. All player liked the 24-hour cycle, that we had implemented in the game. The average score was the highest over all questions with 3.62 out of 4. The only downer was that many players did not use the simulation of the citizens in their game strategy, which we think was also a result that the game was a little bit too easy and that the people played the game for the first time. In figure 7 you can see in more detail, how the tester have answered.

The players mentioned positively that the set up felt realistic and alive, and that over night less people were on the streets.

Some of the negative aspects mentioned were that it was difficult to find infected at the beginning of the game and that too many people were displayed, which made it sometimes confusing. Also one tester mentioned that it seemed there was no way to avoid a widespread outbreak and that it would be nice to have more options to really stop the pandemic.

They were also some suggestion what we could improve in the simulation. For example to add residential and living areas, to reduce the map size, to simulate traffic more realistic, and maybe to change the colour of the citizens.

In the end, we are really happy how the simulation turned out. Most people liked it and especially the decision to have a 24-hour cycle was validate by the good score. Still we think that with more time we could easily enhance the simulation to make it even better and therefore to increase its importance in the game strategy of the player.

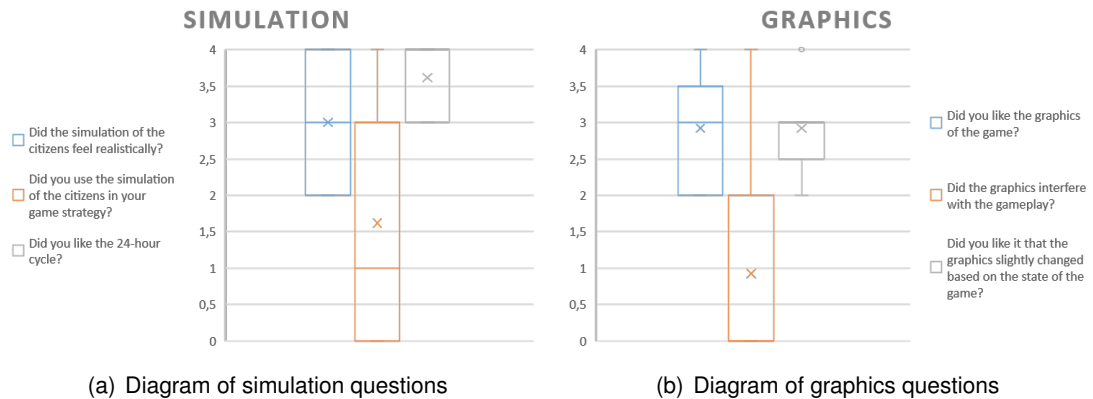


Figure 7 This figure shows how the tester answered the question about the simulation and the graphics. 4 points was the maximum score and zero the minimum.

1.2.5. Graphics

Overall, most people liked the graphics of the game. Most tester said that the graphics did not interfere with the gameplay, which was quite important for us. They also liked that the graphics slightly changed based on the state of the game. The results of the questions are shown in figure 7 in more detail.

Some of the favourite aspects of the players are shown in the following list:

- it was a simplistic image of munich... wich is nice
- Munich was clearly identifiable
- Night phase looked pretty cool
- No difficulties for me to recognize all the relevant places

Some negative aspects mentioned by the playtester were that they not liked the colours and the design of the people, that medics were not clearly identifiable as medics and that the game was sometimes too grey. Suggestion for improvements were to add more details, have stronger contrasts and add information on transportation system.

In summary, the feedback for the graphics was very positive and most of the playtester liked the style of the graphics that we have chosen. Only the models of the ambulance and the

citizens were criticized to some degree.

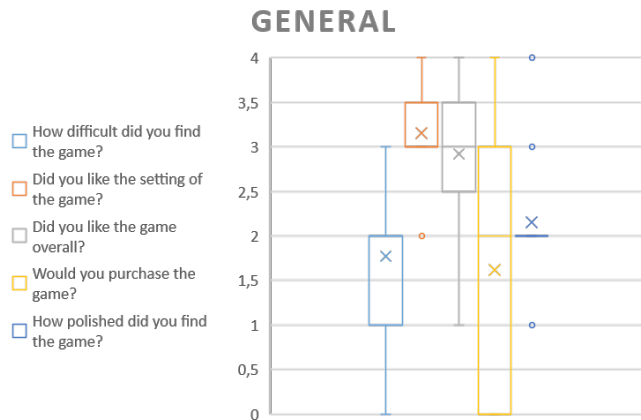


Figure 8 This chart shows how the tester answered the general questions about the game. 4 points was the maximum score and zero the minimum.

1.2.6. General

In total, nobody found the game too difficult. For some it was too easy, for some just about right. The setting of the game was liked by all players. A very good score of 3.15 out of 4 was reached. Some player answered that they would very likely purchase the game, where others would purchase the game not at all. Overall, most people found that the game was polished to some degree.

Most important, nearly all tester liked the game, which made us quite happy and satisfied. They gave us an average score of 2.92 out of 4. Most liked the core game idea and how the game worked. They definitely saw space for improvements and things that could be added, but mostly in the area of usability and not that much in the area of game mechanics. More details can be seen in figure 8.

Furthermore, the tester gave a lot of general ideas for improvements. Very often it was mentioned to improve the tutorial for the player, to give them more information and feedback. Also to add more content to the game and give the player more options what they can do in the game, like build new hospitals or add a scouting unit.

1.3. Changes

Based on the aforementioned critiques provided by the testers, we decided to change several things in our game.

First of all, many players noted, that it took some time to figure out many important aspects of the game, so we tried to improve our tutorial. Especially the system of the cure points required further explanation. To make this system easier to understand, we also added a small notification on top of the progress bar, once a new cure point was gathered.

We also changed some aspects of the user interface. The percentage, which is shown in the top center of the screen, now starts at 100% and reaches zero once the game is lost. Also, we modified the display of the count of currently healthy citizens so that it shows the count of currently infected citizens instead. Since the sound effect, which was played when sending a medic troop, confused some players, we replaced it.

Another point that caused confusion among the players, was the fact, that a message showed up, once a hospital was full, but it didn't say which one. Therefore, we gave a number to each hospital, which is displayed on top of them in the map view and mentioned in the warning message. Also, we now show the load of a medic on top of it. To make the game more comfortable to play, medics now return to the place where they stopped gathering infected citizens after they finished taking them to a hospital.

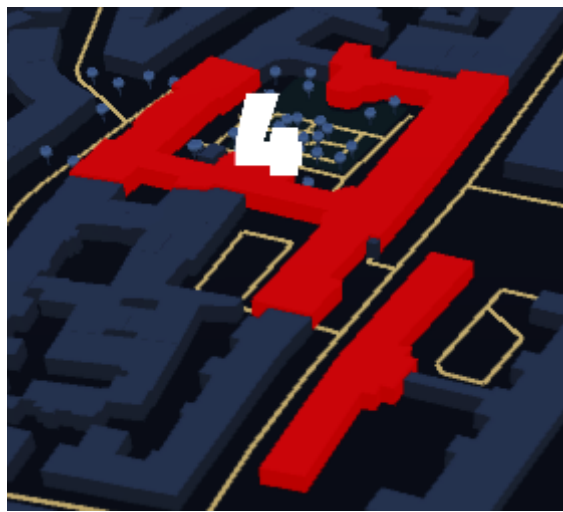


Figure 9 The number four is shown on top of this hospital.

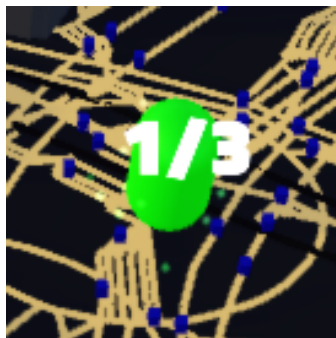


Figure 10 This medic has already gathered one patient, it is able to load another two.

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