

Questionnaire 2.0 (pre)

Participant Id = _____

Please fill in the following questionnaire according to how you feel.

General Discomfort

None

← 0 — 1 — 2 — 3 →

Severe

Fatigue

None

← 0 — 1 — 2 — 3 →

Severe

Headache

None

← 0 — 1 — 2 — 3 →

Severe

Eyestrain

None

← 0 — 1 — 2 — 3 →

Severe

Difficulty Focusing

None

← 0 — 1 — 2 — 3 →

Severe

Increased salivation

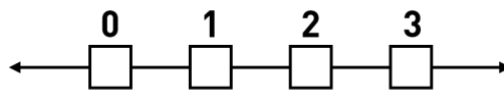
None

← 0 — 1 — 2 — 3 →

Severe

Sweating

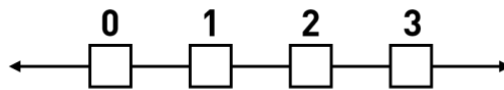
None



Severe

Nausea

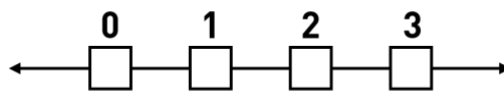
None



Severe

Difficulty concentrating

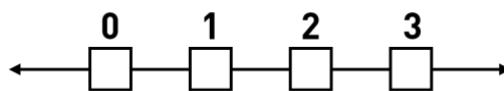
None



Severe

Fullness of head

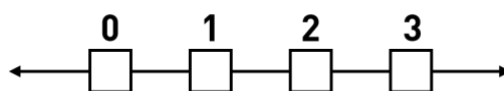
None



Severe

Blurred vision

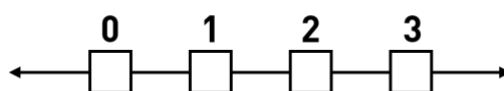
None



Severe

Dizzy (eyes open)

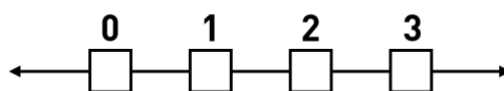
None



Severe

Dizzy (eyes closed)

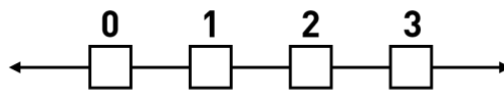
None



Severe

Vertigo

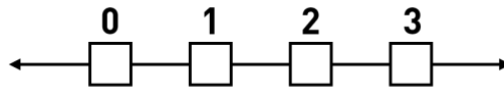
None



Severe

Stomach awareness

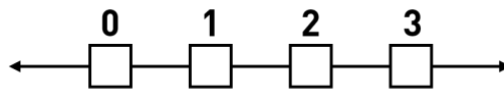
None



Severe

Burping

None



Severe

Reference

Kennedy, R. S., Lane, N. E., Berbaum, K. S., & Lilienthal, M. G. (1993). Simulator sickness questionnaire: An enhanced method for quantifying simulator sickness. *The international journal of aviation psychology*, 3(3), 203-220.