

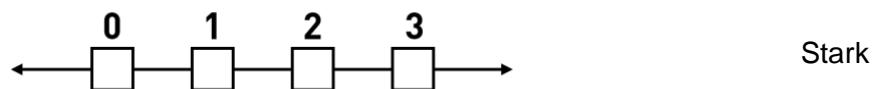
Fragebogen 2.0 (pre)

Teilnehmenden-ID = _____

Geben Sie an, wie stark jedes Symptom Sie jetzt betrifft.

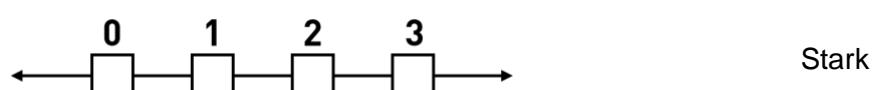
Allgemeines Unbehagen

Gar nicht



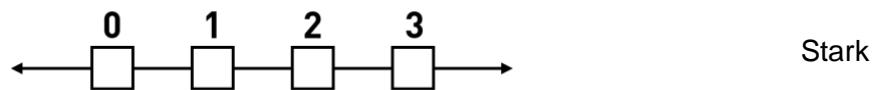
Ermüdung

Gar nicht



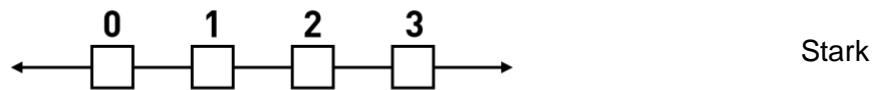
Kopfschmerzen

Gar nicht



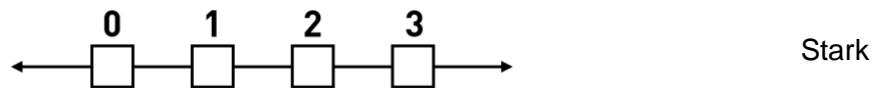
Müde Augen

Gar nicht



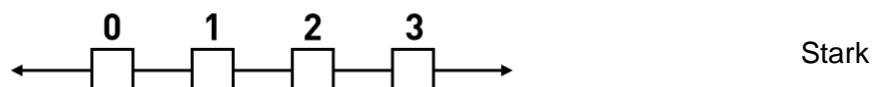
Schwierigkeiten, sich zu fokussieren

Gar nicht



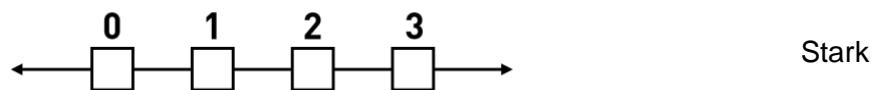
Erhöhter Speichelfluss

Gar nicht



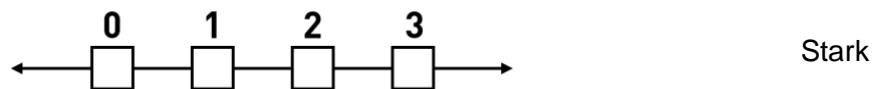
Schwitzen

Gar nicht



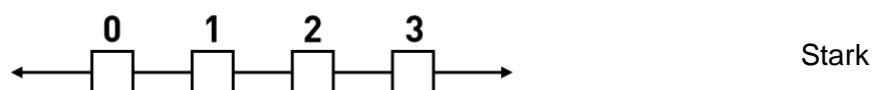
Übelkeit

Gar nicht



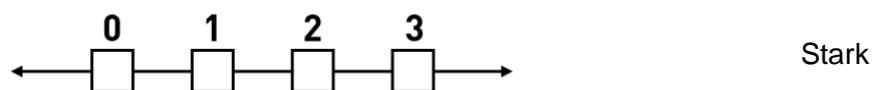
Konzentrationsschwierigkeiten

Gar nicht



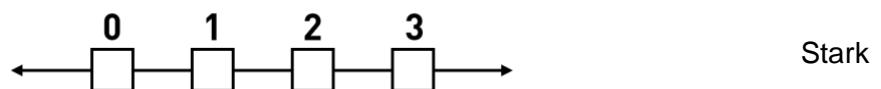
Voller Kopf

Gar nicht



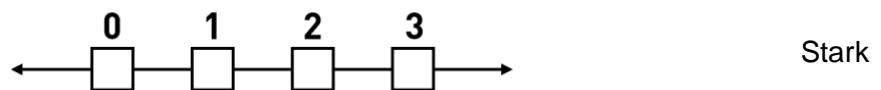
Verschwommene Sicht

Gar nicht



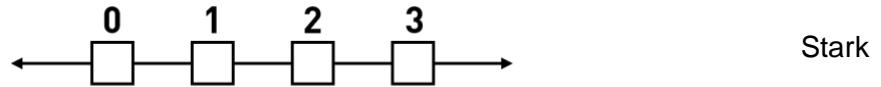
Schwindelig (Augen offen)

Gar nicht



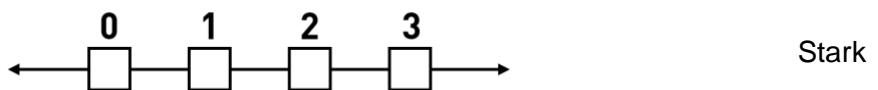
Schwindelig (Augen geschlossen)

Gar nicht



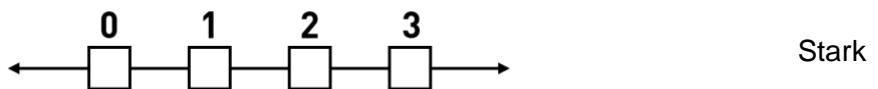
Schwindel

Gar nicht



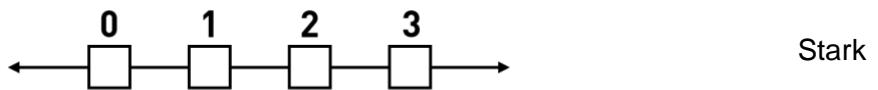
Ich fühle meinen Magen

Gar nicht



Aufstossen

Gar nicht



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.