

Study: _____
Participant: _____
Date: _____
Time: _____

OMB Control Number: 2127-NEW
Expiration Date: XX/XX/XXXX

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is 2127-NEW (expiration date: MM/DD/YYYY). Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

WELLNESS SURVEY

Directions: Circle one option for each symptom to indicate whether that symptom applies to you right now.

1. General Discomfort.....None.....Slight.....Moderate.....Severe
2. FatigueNone.....Slight.....Moderate.....Severe
3. HeadacheNone.....Slight.....Moderate.....Severe
4. Eye StrainNone.....Slight.....Moderate.....Severe
5. Difficulty FocusingNone.....Slight.....Moderate.....Severe
6. Salivation IncreasedNone.....Slight.....Moderate.....Severe
7. SweatingNone.....Slight.....Moderate.....Severe
8. NauseaNone.....Slight.....Moderate.....Severe
9. Difficulty ConcentratingNone.....Slight.....Moderate.....Severe
10. *"Fullness of the Head"None.....Slight.....Moderate.....Severe
11. Blurred VisionNone.....Slight.....Moderate.....Severe
12. Dizziness with Eyes OpenNone.....Slight.....Moderate.....Severe
13. Dizziness with Eyes ClosedNone.....Slight.....Moderate.....Severe
14. **VertigoNone.....Slight.....Moderate.....Severe
15. ***Stomach AwarenessNone.....Slight.....Moderate.....Severe
16. Burping.....None.....Slight.....Moderate.....Severe
17. Vomiting.....None.....Slight.....Moderate.....Severe
18. Other _____None.....Slight.....Moderate.....Severe

* Fullness of the head is an awareness of pressure in the head.

**Vertigo is experienced as loss of orientation with respect to vertical upright.

***Stomach awareness is a feeling of discomfort which is just short of nausea.