Form Approved OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

**Instrument A**

**SIMULATOR SICKNESS SUSCEPTIBILITY QUESTIONS**

Please answer the following questions.

1. I am susceptible to sickness induced by video or computer game: TRUE | FALSE
2. I have had an ear infection in the last 10 years: TRUE | FALSE
3. I easily get motion sickness: TRUE | FALSE
4. I wear glasses with progressive correction or glasses with a very strong prescription: TRUE | FALSE

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