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

Public reporting burden of this collection of information is estimated to average 1 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).